

## **School Withdrawal Clearance Letter**

Dear Student,

Please review the following instructions carefully before completing this form.

Please sign to give authorization to release information.

In order to determine your federal loan eligibility at Averett University, we are required to review your student loan history. As a result of our inquiry into the National Student Loan Database System, it appears that you are attending another institution at the same time that you are intending to enroll at Averett University. In order to ensure that you are awarded in compliance with Federal Regulations, we will need to obtain the following information from your previous school.

Student Signature:		
PLEASE NOTE: The remainder of this form with the institution you most recently attended prior financial aid office at your previous school to have a contract.	to enrolling at Averett. Pleas	e fax this signed form to the
The following information must be completed by	by a Financial Aid Administra	tor at your previous school.
Student Information Student Name (Print):	Social Security;	
Gross Stafford Loan Amounts Disbursed:	Sub: \$	Unsub: \$
Most Recent Award Period:	Pell Grant Disbursed: (If Applicable):	
Future Disbursements Cancelled? Yes No	o Official Last Date of A	ttendance:
School Certifying Official: Name: (Print)		
Institution Name:		
City:		Zip:
Telephone:	Email Address:	

This form may be used for certification. Thank you for your cooperation. Please fax to 1-434-791-5647

Updated: 6/12/2015