

# INDIAN HILLS COMMUNITY COLLEGE

## WITHDRAWAL CLEARANCE LETTER

Please sign this form and have your previous college complete and return to Indian Hills.

In order to determine your Federal aid eligibility at Indian Hills Community College, we are required to review your student aid history. As a result of our inquiry into the National Student Loan Database System, it appears that you have active aid with another institution for the same period of time you are intending to enroll at Indian Hills Community College.

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. Submission of this form does not guarantee that you will be awarded Federal Student Aid at Indian Hills Community College.

Please sign, giving authorization to release information to IHCC for financial aid purposes.

Student Signature

Student SSN

Date of Birth

Date

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY A FINANCIAL AID ADMINISTRATOR AT YOUR PREVIOUS SCHOOL.**

*Please print all information.*

**Student Information**

Student Name: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

Award Year: \_\_\_\_\_

Amount of Gross Direct Loan Amounts Disbursed/Received by Student

Subsidized: \$ \_\_\_\_\_

Unsubsidized: \$ \_\_\_\_\_

Have pending/future Direct Loan disbursements been cancelled?  Yes  No

Loan Period Dates: \_\_\_\_\_

Amount of Pell Grant disbursed: \$ \_\_\_\_\_

Percentage: \_\_\_\_\_

Award Period Dates: \_\_\_\_\_

Student's Official Last Date of Attendance: \_\_\_\_\_

**School Certifying Official**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of School Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_