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CANCELLATION FORM

(2023-2024 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID# Last Name					First Name	First Name MI			
Mailing	Address				City		ST	Zip Code	,
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					dents.coconino.	edu			
Phone # (include area code) CCC Student Email Address									
Review and complete by checking one of the following boxes. Return the signed form to the Office of Student Financial Aid only if you want to <i>CANCEL</i> your application for Federal Financial Aid at CCC for the 2023-2024 Academic Year. Check only the box that applies to you.									
□ I will not be attending Coconino Community College during the following semester(s) and by checking the box(es) and signing below I request that all my Federal Financial Aid and Scholarships be canceled. (Please check all semesters that apply.)									se
			☐ Spring 2024	□ S	ummer 2024				
 I will be attending Coconino Community College during the following semesters but would like CCC to cancel my Federal Financial Aid file. I wish to retain any scholarships I have been awarded.									
☐ Fall 2023 ☐ Spring 2024 ☐ Summer 2024 I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.									
Draw your signature with a mouse, touchscreen, or pen. Do not type						Date			
OSFA USE ONLY									
Aid ca	nceled for the	se semester(s):	Fall 2023	ı	Processed b	oy:		Date:	
			Summer 2024 □						