



STUDENT INFORMATION

Last Name **First Name** **M.I.** **Student ID#**

Note: If you are requesting a financial aid school change within the Los Rios Community College District (ARC/FLC/SCC) you must complete the **Intra-District School Change Request**.

1. I am requesting to decline financial aid for the following semester(s) (required):

All Semesters Fall 2024 Spring 2025 Summer 2025

2. Fund Type(s) declining (required):

Decline **all** financial aid funds*

OR

Decline **selected** fund(s)

Federal Work Study

Pell Grant

Cal Grant

FSEOG

CHAFEE

SSCG

Federal Direct Subsidized Loan

Federal Direct Unsubsidized Loan

Other: _____

3. Reason/comments for request (required):

CERTIFICATION AND SIGNATURE

By signing this form:

I understand if I receive financial aid at this college for the semester(s) I selected above, I must repay all financial aid funds back to the college before this form can be processed.

I understand that if I choose to decline all my financial aid funds for any semester and I want to re-open my file, I must complete a Reinstatement of Aid form and submit it to the Financial Aid Office for review.

Student Signature: _____

Date: _____