



Student Financial Services  
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## Student Financial Aid Authorization Cancellation Acknowledgement Form (Please Print)

Effective on the date signed below, I withdraw the Financial Aid Authorization that I previously granted to the LeMoyne-Owen College ("LOC"). The Financial Aid Authorization allowed my awarded financial aid funds to automatically apply to my "other cost-of attendance charges" (as defined in the Student Financial Aid Authorization form) including charges that I incurred during previous semesters.

Despite this withdrawal of financial aid authorization, I acknowledge that I understand that federal regulations will continue to allow LOC to automatically apply the balance of my awarded financial aid funds to current tuition and fees. I understand that I am and will continue to be responsible for paying directly to LOC all my other cost-of-attendance charges because I have signed this cancellation form.

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Student's Last Name (Print)

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Student's First Name (Print)

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Student's SSN

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Student's Signature

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Date