

College of DuPage
Office of Student Financial Aid

425 Fawell Blvd. Glen Ellyn, IL 60137-6599
Phone: (630) 942-2251 Fax (630) 942-2151

2008 – 2009 Attendance and Financial Aid Processing Confirmation Statement

The Office of Student Financial Aid has received your Institutional Student Information Record (ISIR) /Student Aid Report (SAR). Financial Aid includes the following awards: Federal Pell Grant, Federal SEOG, Federal Academic Competitiveness Grant (ACG), Federal Work Study (FWS), Illinois State MAP Grant, Illinois State IIA Grant, Illinois STS Grant, and Federal Stafford Student Loans.

Please complete the most applicable statement if you **do not plan to attend** the College of DuPage during the 2008-2009 Academic Year or **do not want your 2008-2009 Financial Aid processed** at the College of DuPage.

Should you have any questions or need any additional information, please feel free to contact our office at (630) 942-2251.

Only sign and complete the following statement if you will meet the above criteria.

_____	_____
Student Name (Printed)	Complete Social Security Number
<input type="checkbox"/> I <u>do not plan to attend</u> College of DuPage during the 2008-2009 Academic Year and I do not want to receive additional information about Financial Aid.	
<input type="checkbox"/> I <u>do not want my Financial Aid processed</u> but I will be attending or am currently attending the College of DuPage during the 2008-2009 Academic Year.	
_____	_____
Student Legal Signature	Date

If you have started the process of applying for Financial Aid at the College of DuPage or received an award letter, sign and complete the following statement in order to stop further processing.

I no longer want to receive financial aid at the College of DuPage effective for the _____ semester. By signing this statement, **I understand and authorize** the Office of Student Financial Aid to **stop the process and cancel any and all financial aid**. If any grant or loan monies have been applied to my account, **I accept responsibility for paying my tuition and fees as well as any other charges that are posted to my account.**

_____	_____
Student Name (Printed)	Complete Social Security Number
_____	_____
Student Legal Signature	Date

Please return this statement to: Office of Student Financial Aid, 425 Fawell Blvd, Glen Ellyn, IL 60137.