



AWARD CANCELLATION VERIFICATION
Financial Aid Office

Blue Mountain Community College
PO Box 100
Pendleton, OR 97801
Phone: (541) 278-5759 - Service Center
Fax: (541) 278-5889
Email: FinancialAid@bluecc.edu

STUDENT NAME: _____ BMCC ID: _____

ID at other School: _____

In order to determine your Federal loan eligibility at BMCC, we are required to review your federal student loan history. As a result of our inquiry into the National Student Loan Database System (NSLDS), it appears that you are attending another educational institution at the same time that you are enrolled at BMCC. We are unable to determine the prior funding received and/or confirm your withdrawal from this institution. In order to ensure that you receive the correct financial aid in compliance with federal regulations, we will need you to obtain the following information from your previous educational institution.

By signing this form, I give authorization to release information pertaining to my Financial Aid to Blue Mountain Community College.

Student Signature: _____ **Date:** _____

The following information **MUST BE** completed by a Financial Aid Administrator at your previous educational institution.

Academic Year: _____

Loan Period: _____ to _____ Date of last disbursement (s): _____

Subsidized gross amount disbursed _____

Unsubsidized gross amount disbursed _____

Eligible for post withdrawal disbursement? Yes No

Pell amount disbursed _____

All future loan and Pell disbursements cancelled? Yes No

Name of Institution: _____

Name of Financial Aid Administrator: _____

Phone: _____ Email: _____

Signature of FA Administrator: _____ Date: _____

Please fax completed form to 541-278-5889 or email to FinancialAid@bluecc.edu