

# Financial Aid Cancellation Request

Please let this request serve as notice that I want to cancel my remaining **undisbursed** financial aid for Fall/Spring/Summer (*specify below*) with Elizabethtown Community & Technical College.\*

Date of Request: \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student SSN: \_\_\_\_\_

Fall: \_\_\_\_\_(year)      Spring: \_\_\_\_\_(year)      Summer: \_\_\_\_\_(year)

\* **Undisbursed** aid only.



**STUDENT FINANCIAL AID OFFICE**  
610 College Street Road  
Elizabethtown, KY 42701  
Phone: (270)706-8802  
Fax: (270)769-0736