



**SUNY  
BROCKPORT**

Office of Student Accounts

## REQUEST TO DECLINE LOANS or GRANTS

Student Name: \_\_\_\_\_ Term: \_\_\_\_\_

Brockport Banner ID: \_\_\_\_\_ Date: \_\_\_\_\_

My signature at the bottom of this form confirms my request to decline the following financial aid awards for the \_\_\_\_\_ semester(s):

*Enter name and amount of each loan or grant you are declining:*

LOAN or GRANT Name \_\_\_\_\_ Amount Declined: \$ \_\_\_\_\_

LOAN or GRANT Name \_\_\_\_\_ Amount Declined: \$ \_\_\_\_\_

LOAN or GRANT Name \_\_\_\_\_ Amount Declined: \$ \_\_\_\_\_

LOAN or GRANT Name \_\_\_\_\_ Amount Declined: \$ \_\_\_\_\_

*or select:*

☐ TAP (Tuition Assistance Program) Amount Declined: \$ \_\_\_\_\_

My declination of these funds is the result of:

\_\_\_\_\_ Funding from other sources so that the proceeds from these loans/grants are not needed

\_\_\_\_\_ I am separating from the University effective \_\_\_\_\_ (term)

\_\_\_\_\_ Other – Please specify: \_\_\_\_\_

**I agree that all outstanding financial obligations to the University, including previously deferred charges, must be paid in full before this request will be processed.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Parent Plus Loans Only)

\_\_\_\_\_  
Date