

OVERLAPPING AID CLEARANCE LETTER

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

(Your PPSC student assigned email account is the only email to which we will correspond.)

By signing this document, I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete. I authorize my previous school to look up and release my financial aid information. **Note: Your previous school may require additional information or time to complete this request.**

Student Signature: _____ Date: _____

(Please sign, do not type, your signature prior to submitting this request to the Financial Aid Office)

According to the National Student Loan Data System (NSLDS) you may have active federal student loans and/or grants with another institution during the same academic year in which you are currently enrolled with our institution.

Please submit this form to your previous school's Financial Aid Office so we may determine your eligibility for Federal Direct Loans and/or Grants for the current academic year.

**The following information must be completed by
a financial aid administrator at your previous school.**

Gross Loan Amounts Disbursed:

Subsidized Loan Amount: \$ _____

Loan Period: _____

Disbursement Date: _____

Academic Year: _____

Subsidized Loan Amount: \$ _____

Loan Period: _____

Disbursement Date: _____

Academic Year: _____

Unsubsidized Loan Amount: \$ _____

Loan Period: _____

Disbursement Date: _____

Academic Year: _____

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Unsubsidized Loan Amount: \$ _____

Loan Period: _____

Disbursement Date: _____

Academic Year: _____

Federal Pell Grant Amount Disbursed: \$ _____

Aid Period: _____

Disbursement Date: _____

Academic Year: _____

Future Disbursements Cancelled (check one)? Yes

No

Note: All future disbursements at your previous school must be canceled before PPSC can release aid to your account. These changes may take up to 5 business days to be confirmed through the Common Origination and Disbursement (COD) website .

Previous School:

Institution Name: _____

Phone: _____

Fax: _____

Email: _____

School Certifying Official (print name): _____

Signature: _____

Date: _____