



Student Name: _____ SSN # xxx-xx-_____
Last 4 digits

THIS SECTION TO BE COMPLETED BY THE STUDENT:

I authorize _____ (name of previous institution) financial aid office to disclose my financial aid record only to Franklin University Financial Aid office. (Per the Family Educational Rights and Privacy Act of 1974, as amended)

Student Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR (FAA):

The student listed above is currently in the process of applying for financial aid at Franklin University. However, based on the information reported to NSLDS this student has aid pending at your institution that overlaps with our current loan period. Please confirm that pending aid has been canceled.

Enrollment Period From: ___/___/___ To: ___/___/___ FA Year: ___/___
Official Last Date of Attendance: ___/___/___

On behalf of the student, financial aid has disbursed in the amount of:

Pell: _____ Last disbursement date: ___/___/___
Sub Stafford Loan: _____ Last disbursement date: ___/___/___
UnSub Stafford Loan: _____ Last disbursement date: ___/___/___
SEOG: _____ Last disbursement date: ___/___/___
Other Aid: _____ Last disbursement date: ___/___/___
Other Aid: _____ Last disbursement date: ___/___/___

I certify all pending aid has been canceled for this student and that NSLDS has been notified of the cancelation.

FAA Printed Name: _____ Title: _____

FAA Phone Number: (____) _____

FAA Signature: _____ Date: _____

Please return this form to: Franklin University, 201 S. Grant Ave., Columbus, OH 43215
Fax: 614.255.9478 Email: finaid@franklin.edu

THIS SECTION FOR FRANKLIN UNIVERSITY STAFF ONLY:

Form with checkboxes for 'Approved, beginning with ___/___', 'Denied', 'Date:', 'FA:', 'Reason Approved or Denied:', 'Student ID: _____', 'FASI Comments', 'CRI', 'Routed to RPK'