



LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Please return this form to:
Louisiana Tech University
Office of Financial Aid
P.O. Box 7925
Ruston, LA 71272
Email: fadocs@latech.edu

2018-2019 Special Circumstances Withdrawal/Cancellation Form

Certification and Signatures

I hereby certify with my signature below that I wish to withdrawal/cancel my Special Circumstances Request for the 2018-2019 school year at Louisiana Tech University. I understand that I may still be required to complete the Verification Review Process and submit additional tax documentation for the 2016 tax year, if required. I understand that by cancelling my 2018-2019 Special Circumstances Request that my 2018-2019 Financial Aid will be awarded based on my family's 2016 income as reported on my 2018-2019 FASFA.

Student's Last Name:

Parent's Last Name:

Student's First Name:

Parent's First Name:

Student's Tech CWID# or SSN:

Student's Signature: _____

Parent's Signature: _____

Date: