Financial Aid Office
1042 West Hamlet Avenue
Post Office Box 1189
Hamlet, NC 28345
Phone (910) 410-1726
Fax (910) 582-7102

Serving Richmond and Scotland Counties

2026-2027 Cancellation of Authorization to Apply Financial Aid

Use this form to cancel my financial aid.

Student Name: _____ _____ _____ SSN: _____
Last First Middle

Address _____ _____ _____ _____
P O Box, Route, or Street City State Zip

Telephone:_____ E-mail: _____ Date of Birth: _____

I understand that the decision to cancel my financial aid proceeds to my student account

- will result in me paying tuition, fees, and books.
- may result in the cancellation of classes if RichmondCC charges are not paid by the payment deadline established by the college.

I understand that this notification must be provided to the Financial Aid Office. The authorization is not retroactive and will become the effective date of the receipt of this form. This form will remain in place for the current academic year unless the Financial Aid Office is notified otherwise in writing.

My signature confirms that I have read and understood all instructions and that I have provided accurate, complete, and current information.

Signature: _____ Date: _____

If not completed in the presence of a Financial Aid Office representative, then notarization is required:

On this, the _____ day of _____ , 20____, before me, a notary public and the undersigned officer, personally appeared _____ , known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Public:_____ Commission expires: _____

For Office Use Only

Complete below if the student signed this form and provided valid picture identification to FAO representative.

FAO Representative Initials: _____ Date: _____