Arapahoe Community College Overlapping Aid Clearance Letter

Name:	— ACC Student ID#: S————	
disbursements of financi	e amount of funds you are able to re nancial aid with us, please cancel all ompliance with Federal Regulations n your previous school. vious school, listed below, to cancel ial aid. ollege to release my student records	eceive at Arapahoe awards that you may s, we will need any future
Student Name(Print)	SSN/Student ID	
Student Signature	Date	
This section must be completed by a Fin Have future disbursements of Direct Loans b Have future disbursements of Federal Pell Gr School Certifying Official Information	een cancelled? Yes	r previous school. No No
Name	Date	
Institution Name		
Phone Number	Email Address	
Signature of School Official		

Arapahoe Community College Office of Financial Aid • 5900 S. Santa Fe Drive Littleton, CO 80120 Phone: 303.797.5661 • Fax: 303.797.5663 • Email: finaid@arapahoe.edu

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