Dear Student:

In order to determine your aid eligibility at Phoenix College, we are required to review financial aid history. As a result of our inquiry into the National Student Loan Database System it appears that there is a pending federal aid award another education institution for the same enrollment period for which you are enrolled at Phoenix College, therefore, we are unable to proceed with your request for federal aid.
In order to ensure that you are awarded in compliance with Federal Regulations, we will need you to obtain confirmation of cancellation of these awards from your previous educational institution.

Please sign to give authorization to release information:

Student Signature _____ Date: _____
MCCCD Student ID Number _____

Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit http://www.maricopa.edu/non-discrimination.

The following information must be completed by a Financial Aid Administrator at your previous educational institution. All questions must be answered in order for the form to be reviewed. Incomplete forms will not be processed.

Student:

Student Name: SSN:_____

To be completed by Financial Aid Office:

Academic Year: _____

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Institution Name: _____

Address: _____

City:_____ State:_____ Zip Code:_____

Phone: _____ Email _____

Name of School Certifying Official (Print) _____

Signature of School Certifying Official _____