



TITLE IV RESCINDMENT FORM

Instructions for Students:

1. Complete the information below
2. Please check either one or both boxes below
3. Please sign and date as indicated below
4. Form must be returned by the student (in person) to the Bursar's Office. Student must provide photo ID.

I, _____ (your name), Student Account # _____ (Banner ID) hereby rescind any previous authorization(s) given to Kent State University to utilize my excess Title IV fund credit balances on my account:

To pay current award year non- institutional charges

To pay prior award year non- institutional charges

I understand this rescindment becomes effective upon the date Kent State University receives this form. I understand that I will be responsible to pay any charges as billed to my account. I further understand that this rescindment will remain valid through subsequent award years.

(Student's signature)

(Date)

Bursar's Date Stamp Clerk Signature

For internal use only

TVAAUTH Updated by: _____