Title IV Opt-Out Request

Date: ___________________________________________

Student Name: ______________________________________

Student ID Number: __ __ __ __ __ __

I withdraw the authorization previously given to Cornell University to apply my Title IV financial aid (other than Federal Work Study wages) to charges other than any outstanding balance on my account for tuition, certain fees, room and board, including educationally related past due balances in accordance with Title IV program specifications. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, and PLUS Loan programs.

I understand that my withdrawal means that my Title IV financial aid will not be applied to other charges assessed to my student account such as student health insurance, parking permits, bookstore charges, service fees and fines and I therefore must pay those charges by their due dates using other means.

This form must be received by the Cornell Bursar Office at least two weeks prior to the start of a term for my election to affect how my Title IV aid is applied for that term and all subsequent terms.

_________________________________________________

Student Signature

__________________________________________________________________________________________

Please mail Request to:        Bursar Office
                               260 Day Hall
                               Ithaca, NY  14853-2801

__________________________________________________________________________________________

Date Received by the Bursar Office: ________________________________