



## TITLE IV RESCINDMENT FORM- FOR STUDENTS

### Instructions:

1. Please **print** the information in the enclosed Box
2. Please check either one, two or all boxes below
3. Please sign and date as indicated below
4. Please return form to:

**VIA MAIL:**  
Office of Student Accounts  
Hofstra University  
126 Hofstra University, 205 Memorial Hall  
Hempstead, NY 11549

**VIA FAX:**  
516.463.4847

_____	_____	_____	700-_____
Last Name	First Name	Middle Initial	Student ID#

### **For Students:**

I, \_\_\_\_\_, hereby rescind any previous authorization given to Hofstra University to utilize any excess Title IV fund credit balances on my account:

- To pay outstanding prior year institutional charges
- To pay other educational institutional charges, such a sparking fees, labs fees, late fees, etc
- To hold to pay institutional charges for a future term

I understand this rescindment cancels any prior Title IV Authorization Forms I have signed and this rescindment becomes effective upon the date the University receives this form.

I understand that I will be responsible to pay any charges as billed to my account.

I understand that this rescindment will remain valid through subsequent award years. I further understand that I may voluntarily sign a Title IV Authorization Form which will become effective as of the date the University receives the Title IV Authorization Form.

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Date)



## TITLE IV RESCINDMENT FORM- FOR PARENTS

**Instructions:**

1. Please **print** the information in the enclosed Box
2. Please check either one, two or all boxes below
3. Please sign and date as indicated below
4. Please return form to:

**VIA MAIL:**

Office of Student Accounts  
 Hofstra University  
 126 Hofstra University, 205 Memorial Hall  
 Hempstead, NY 11549

**VIA FAX:**

516.463.4847

			700-_____
Student's Last Name	Student's First Name	Middle Initial	Student ID#

**For Parents of Undergraduate Students:**

I, \_\_\_\_\_, hereby rescind any previous  
 (Print Parent First Name      Parent Last Name)

authorization given to Hofstra University to utilize any excess Parent PLUS loan funds for the above mentioned student:

- To pay any outstanding prior year institutional charges
- To pay other educational institutional charges, such as parking fees, lab fees, late fees, etc
- To hold to pay institutional charges for a future term

I understand that this rescindment cancels any prior Title IV Authorization Forms I have signed and this rescindment becomes effective upon the date the University receives this form.

I understand that this rescindment will remain valid through subsequent award years. I further understand that I may voluntarily sign a Title IV Authorization Form which will become effective as of the date the University receives the Title IV Authorization Form.

\_\_\_\_\_  
 (Parent's signature - PLUS Loan Borrower)

\_\_\_\_\_  
 (Date)