



## 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)