

Delta College Financial Aid Check Release Form

Student Name: _____ Student Number: _____
Please Print

I have received Financial Aid (including but not limited to Federal and State grants, scholarships, and guaranteed student loans) for the _____ 20____ semester. If for any reason I do not complete the classes in which I am enrolled, I understand my Financial Aid may be removed in accordance with regulatory requirements. I understand that I will be responsible for all costs associated with those classes, including but not limited to tuition, fees, books and/or supplies, and amounts paid to me in Financial Aid checks (including balance and/or loan checks).

I am aware that unsatisfactory academic progress, non-attendance, withdrawal from classes, and/or dropping classes after the semester has started may affect the amount of Financial Aid to which I am entitled.

Failure to meet the terms of Financial Aid will result in a hold placed on my account and may prohibit future enrollment until any amounts due to Delta College are paid.

I promise to pay Delta College for any debt resulting from a change in my Financial Aid status. I also agree to pay all collection costs and attorney fees necessary for the collection of this account if a debt is incurred from reduction of Financial Aid.

Delta College has released my Financial Aid check for the _____ 20____ semester on the date noted below. I have received a copy of this Financial Aid Check Release Form.

Student's Signature: _____ Date: _____

Cashier/Student Finance's Initials: _____