

**2018-2019 PENDING DISBURSEMENT CLEARANCE FORM**

(Summer Term 2018 – Spring Term 2019)

According to the National Student Loan Database System (NSLDS), you have aid pending at another college or university. Please complete the top part of this form and submit it to your previous school to fill out the bottom portion. Once they have completed the form, ask them to please fax or mail to the address below.

**PART 1: Contact Information (to be completed by the student)**

|                   |                    |      |
|-------------------|--------------------|------|
| Student Last Name | Student First Name | M.I. |
| Student ID#       | Date of Birth      |      |

**PART 2: Aid Information (to be completed by financial aid staff member at your previous school)**

|   |  |
|---|--|
| Institution Name:   | Award Year: ____/____  |
| Student Enrollment Period from: ____/____/____ to ____/____/____  |  |
| Student is Officially Withdrawn: Yes <input type="checkbox"/> No <input type="checkbox"/>                       | Last Date (or Anticipated Last Date) of Attendance: ____/____/____ |
| <b>Our Institution disbursed the following amounts of financial aid for the current year:</b>                   |  |
| Pell: \$ _____  | Last disbursement date: ____/____/____                             |
| OOG: \$ _____   | Last disbursement date: ____/____/____                             |
| Oregon Promise Grant: \$ _____  | Last disbursement date: ____/____/____                             |
| Gross Direct Subsidized Loan: \$ _____  | Last disbursement date: ____/____/____                             |
| Gross Direct Unsubsidized Loan: \$ _____  | Last disbursement date: ____/____/____                             |
| Will all pending disbursements be canceled? Yes <input type="checkbox"/> No <input type="checkbox"/>            |  |
| Are there any post-withdrawal disbursements scheduled? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| If yes, please indicate gross dollar amounts and fund source(s): _____  |  |
| Signature: _____  | Date: ____/____/____   |
| School Certifying Official (Print): _____   |  |
| Email: _____  | Phone: _____   |