

Austin Peay State University
Overlapping Loan Clearance Form

Student Name: _____ APSU Student ID#: A _____

I am requesting information to be sent to _____ (school name)
regarding the cancellation of my loan disbursements.

Provide the institution's fax number: _____

By signing below, I authorize the release of the requested information to the above institution.

Student's Signature: _____ Date: _____

APSU Financial Aid Representative:

The following term(s) loan disbursements have been cancelled:

- Fall _____ (year)
- Spring _____ (year)
- Summer _____ (year)

Student's Official Last Date of Attendance: _____

Loan Period End Date: _____

Loan Amount Received: Subsidized: _____ Unsubsidized: _____

Staff Name (Print): _____ Title: _____

Signature: _____ Date: _____

Office of Student Financial Aid & Veterans Affairs |
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