Old Dominion University

Financial Aid and Title IV Rescind/Change Authorization Form

Student Name (please print clearly): _____

and/or

| Student U | IN: | | | | | |
|--------------------|--|---------------------------------------|--------------|--------------|----------|---------|
| Telephone | Number: | | | | | |
| Student E- | -mail Address: | | | . <u></u> | | |
| excess of Examples | HÔÌíÎÂ of institution s of n on stitut damage char | al cha rsjæs h ional charge | as (tuition, | requairéees, | room and | board). |
| | Yes | No | | | | |