



Office of Student Financial Aid
2400 Gillionville Road
Albany GA 31707-3098
Telephone 229-317-6746
Fax 229-317-6607

SCHOOL WITHDRAWAL CLEARANCE LETTER

Dear Student:

In order to determine your loan eligibility at Darton College, we are required to review your student loan history. As a result of our inquiry into the National Student Loan Database System, it appears that you are attending another institution at the same time that you are intending to enroll at Darton College. Based on this information, we are unable to determine the funding you've received and/or confirm your withdrawal. In order to ensure that you are awarded in compliance with Federal Regulations, we will need you to obtain the following information from your previous school.

Please complete the following:

Student Name: _____ Date: _____

SSN#: _____ Telephone#: _____

I hereby authorize the release of all financial aid information to the Office of Student Financial Aid at Darton College

Student's Signature: _____

The following needs to be completed by a Financial Aid Administrator at last institution

Name of the last institution attended: _____

Official Last Date of Attendance: _____

Gross Loan Amount(s) Disbursed: Sub _____ Unsub _____ (minus any refunds to lender)

Last Date of Loan Disbursement: _____

Pell (if applicable) Disbursed: _____

ACG (if applicable) Disbursed: _____

School Certifying Official:

Name (Print): _____ Date: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Signature: _____