

Financial Aid Office
Confluence – Room 120
Campus Box 206
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-5458
Phone: 303-556-5503
Email: financialaid@ccd.edu
Website: www.ccd.edu/finaid



OVERLAPPING AID CLEARANCE LETTER

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.ccd.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

This form is required because the National Student Loan Data System has alerted us that you may have been awarded federal student aid at another school this year.

If you have already received financial aid at CCD this year, we may be required to reduce all or a portion of your disbursed Federal Direct Loans and/or Pell Grant. If you have not received aid for the current semester, the information provided on this letter will allow our office to accurately award your aid once your financial aid file is complete.

Before submitting this form to CCD's Financial Aid Office, your previous school's Financial Aid Office must complete it so we may determine your Federal Direct Loan and Pell Grant eligibility for the remainder of the current aid period.

By signing this form, you give authorization for your previous school to look up and release your financial aid information. **Note:** Your previous school may require additional information or time in order to complete this request.

The following information must be completed by a financial aid administrator at your previous school.

Gross Loan Amounts Disbursed (continued on reverse of this form):

Subsidized Loan Amount: \$ _____ Loan Period: _____
Disbursement Date: _____ Academic Year: _____

Subsidized Loan Amount: \$ _____ Loan Period: _____
Disbursement Date: _____ Academic Year: _____

Unsubsidized Loan Amount: \$ _____ Loan Period: _____
Disbursement Date: _____ Academic Year: _____

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Unsubsidized Loan Amount: \$ _____
Disbursement Date: _____

Loan Period: _____
Academic Year: _____

Federal Pell Grant Amount Disbursed: \$ _____
Disbursement Date: _____

Aid Period: _____
Academic Year: _____

Future Disbursements Cancelled (check one)? Yes No

Note: Future disbursements must be canceled in order for CCD to release aid to your account.

Previous School:

Institution Name: _____

Phone: _____ Fax: _____

Email: _____

School Certifying Official (print name): _____

Signature: _____ Date: _____