



2025-2026 Cancel Aid Form

Student Name (Print) _____

ACC ID or SSN _____

Please **cancel** the following awards at Alpena Community College:

Cancel **ALL Financial Aid** that has been awarded to me in the following semesters, please check only one:

Fall & Spring 2025 Fall 2026 Spring 2026 Summer

Cancel / reduce **specific aid** award(s) that I have accepted for this aid year (August 2025-August 2026). Please specify below:

Check	Type	Award Amount (original)	Amount Reduced to	Semester (Fall, Spring, Summer, Entire Year)
	Federal Direct Loans-Subsidized			
	Federal Direct Loans-Unsubsidized			
	Federal Direct PLUS Loan (parent must sign below)			
	Work-Study			
	Other (please list):			

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. **WARNING:** If you purposely give false or misleading information you may be fined, sent to prison, or both.

Student Signature _____

Date _____

Parent Name (Print) (Parent PLUS Loan Only) _____

Parent Signature _____

Date _____

**Return to ACC Financial Aid Office, 665 Johnson Street, Alpena, MI 49707
or Fax to 989-358-7541. For more information, call 989-358-7286.**