



FINANCIAL AID AUTHORIZATION REVOCATION FORM

Controller's Office/Student Financial Services Office

I hereby request that the University of North Florida do not apply my Title IV financial aid to miscellaneous charges and/or prior year outstanding charges.

Print Name

Student ID

Signature

Date

Please return this form in person or mail to:

**University of North Florida
Student Financial Services Office
1 UNF Drive
Hicks Hall, Suite 1100
Jacksonville, FL 32224
(904) 620-2472**