

# Walden University

## Withdrawal Clearance Form

Dear Student,

According to our records, it appears that you are no longer attending Walden University.

**\*\*\* Please complete the school information below for your new school and provide your signature in order for the Office of Financial Aid at Walden University to release your financial information. \*\*\***

Return this form to: School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

Print Student's Name: \_\_\_\_\_ Walden ID/SSN: \_\_\_\_\_  
*First Last*

***Student's signature authorizes release of this information:***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Walden University Certifying Official:***

Name (Print): \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Official Last Date of Attendance: \_\_\_\_\_

Loan Period Begin Date: \_\_\_\_\_ Loan Period End Date: \_\_\_\_\_

Academic Year Begin Date: \_\_\_\_\_ Academic Year End Date: \_\_\_\_\_

Loan Amount Received: Subsidized \_\_\_\_\_ Unsubsidized \_\_\_\_\_

Future Disbursements Cancelled with lender?  YES  NO

Pell Grant Received: 2023-2024 \_\_\_\_\_ Percentage Used: \_\_\_\_\_

2024-2025 \_\_\_\_\_ Percentage Used: \_\_\_\_\_

TEACH Grant Received: \_\_\_\_\_ Total Amount