



CHADRON STATE COLLEGE

2027-2028 Overlapping Aid Release

Student Name: _____ **Student NUID:** _____

Phone Number: _____ **Birth Date:** _____

Overlapping Loan Release

Please Note: To determine your financial aid eligibility at Chadron State College, we are required to review your student aid history. As a result of our inquiry into the National Student Loan Database System, it appears that you are attending another institution while you are enrolled at Chadron State College. Therefore, we are unable to determine the funding received and/or confirm your withdrawal from the other institution. To ensure that you are awarded in compliance with Federal Regulations, we will need you to obtain the following information from your previous institution.

By signing below, I give authorization from my previous institution to release the information below:

Student Signature: _____ DATE: _____

To be completed by a Financial Aid Administrator at your previous institution

To be completed by Financial Aid Official:

Loan Period: _____ Academic Year: 2026/27 or 2027/28

Gross Loan Amount(s) Disbursed (less refunds to lender):

Subsidized: \$ _____ Unsubsidized: \$ _____

Pell Amount Disbursed: \$ _____ Official Last Date of Attendance: _____

Future Disbursements Cancelled: Yes or No Last Date of Loan Disbursement: _____
(circle one)

Institution Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Aid Official Name: _____ Title: _____

Signature of Certifying Official: _____

Phone: _____ Email: _____

Return Information to: **CSC START Office**
1000 Main Street, Chadron NE 69337
Phone: (308) 432-6061