



University of Massachusetts Lowell
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 Tel. 978.934.4220 Fax. 978.934.3009
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Campus Work Study/Federal Work Study TERMINATION OF WITHHOLDING AUTHORIZATION FORM

INSTRUCTIONS

Please read the entire withholding statement before adding your signature and date to verify that you understand the terms of this authorization. If you have any questions regarding this form, please contact the Financial Aid Office at 978-934-4228.

PERSONAL INFORMATION		
Name	Social Security Number	Student ID Number
Email Address	Phone Number	
Mailing Address (street number, city, state, zip code)		
Certification		
<input type="checkbox"/> I hereby request the University of Massachusetts Lowell to terminate my participation in the Campus Work/Federal Work Study payroll deduction program. I understand that I am responsible for any balance remaining on my student account. I understand that my termination request is not a retroactive request. Any earnings previously applied to my student account will not be returned to me. I further understand that this request will be processed by the University's payroll office as soon as possible.		
Signature _____		Date _____
<small>Office Use Only The Financial Aid Office will forward one copy of the form to the Payroll Office. Payroll cannot terminate the financial aid withholding until the signed copy is received.</small>		