

# NORTHEAST COMMUNITY COLLEGE

## Financial Aid Release Form for Co-Enrolled Students

Financial aid can be received from only one school during any given term. Students attending two institutions during the same semester must complete this form and obtain all necessary signatures before aid will be disbursed for courses taken at institutions other than Northeast. **Return to: Northeast Community College—Financial Aid, 801 East Benjamin Ave., POB 469, Norfolk, NE 68702-0469 or FAX – (402) 844-7397. Please contact the Financial Aid Office if you have any questions – (402) 844-7285.**

### SECTION A: COMPLETED BY THE STUDENT

Name \_\_\_\_\_ Northeast ID: \_\_\_\_\_  
Non-funding institution's ID: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

During the (check one): \_\_\_\_\_ Fall Semester '20 \_\_\_\_\_ Spring Semester '21 \_\_\_\_\_ Summer Session '21  
Dates of enrollment (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I am enrolled at Northeast Community College and \_\_\_\_\_  
I am requesting my financial aid from Northeast Community College.

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

### SECTION B: COMPLETED BY REGISTRAR AT NON-FUNDING INSTITUTION

I certify that the above-named student is registered and has paid tuition and fees for the following credit hours during the term checked above.

Course No./Title \_\_\_\_\_ Credit Hours \_\_\_\_\_  
Course No./Title \_\_\_\_\_ Credit Hours \_\_\_\_\_  
Course No./Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

\_\_\_\_\_  
School Official's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

### SECTION C: COMPLETED BY FINANCIAL AID DIRECTOR AT NON-FUNDING INSTITUTION

I hereby certify that the above-named student is not receiving any financial aid through \_\_\_\_\_  
\_\_\_\_\_ for the term checked above.

(Name of College)

\_\_\_\_\_  
School Official's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

### SECTION D: COMPLETED BY STUDENT'S NECC ADVISOR OR REGISTRAR

I hereby certify that the coursework registered for at \_\_\_\_\_ during the above term meets graduation requirements for \_\_\_\_\_.

\_\_\_\_\_  
School Official's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_