



To whom it may concern,

After due consideration, I wish to revoke the permission I granted The City University of New York (the "University") in the CUNYfirst Student Center to apply my HEERF III - Federal ARPA Student Grant Fall award to eligible charges against my outstanding student account balance.

I understand that I have the option to grant my permission again, as long as I do so before the stated due date. If I take no further action by the due date, The City University of New York will not apply my grant toward my outstanding account balance but will refund my grant to me for use toward other costs of attendance at the University or for emergency costs that arise due to Covid-19. By signing this letter, I hereby revoke my permission, as detailed above, and give permission to The City University of New York to create a new Student Permission Agreement in CUNYfirst for my future consideration.

First Name, Last Name (printed): _____

Signed: _____

Date: _____

College of Attendance: _____

EMPLID: _____