



Name \_\_\_\_\_

UT EID \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**INSTRUCTIONS:**

**STEP 1:** Complete the fillable cancellation form in its entirety and print.

**STEP 2:** Sign the form. Your request CANNOT be processed without a signature.

**STEP 3:** Submit your form by one of the following methods:

**Fax:** 512.471.5393 (Attn: Records)  
Call 512.471.4271 to confirm your fax has been received.

**Email:** asklibby@austin.utexas.edu  
You will receive a confirmation email when your form has been received.

**STATEMENT:**

I, \_\_\_\_\_, wish to cancel my registration at The  
FULL NAME

University of Texas at Austin for fall spring summer (check one) of \_\_\_\_\_.  
YEAR

I understand I will receive a 100% refund (minus a \$15 processing fee).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE