North Carolina Central University

Scholarships and Student Aid Office
P. O. Box 19496, Durham, NC 27707 / Student Services Building, Suite 106 919/530-6180 ~ fax: 919/530-7959

WORK STUDY JOB RELEASE FORM

Date:			
In accordance with sug	ggested action by the Office of Scho	olarships and Student Aid, this is	
notice that I have relea	ased		
	(student's name)	(Banner ID or SS#)	
from his/her job respo	nsibilities effective		
	((date & time)	
Reason for release:			
Supervisor's Name:			
Supervisor's Signature	e:	Date:	
Department Name:			
upon release of the stu	time report is to be submitted to the dent worker from his/her work stued to the Office of Scholarships and	idy assignment. A copy of this	
cc: Student's file			
	Office Use Only		
Student:	Banner ID/SS#:		
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