

E-RATE CANCELLATION REQUEST

I authorize Kellogg & Sovereign Consulting, LLC to cancel the following funding request(s):

Organization Name (School/Library)	
Funding Year	
A. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

I understand that I am authorizing Kellogg & Sovereign Consulting, LLC to submit a Form 500 with the Schools & Libraries Division to CANCEL the listed funding request(s).

I also understand that filing of the Form 500 and subsequent cancellation of the Funding Request Numbers (FRNs) listed is IRREVOCABLE.

Authorized by: _____

Title: _____

Date: _____

Printed Name: _____

ATTACH ADDITIONAL PAGE(S) AS NEEDED

Please email completed forms to Kellogg & Sovereign Consulting

E-RATE CANCELLATION REQUEST

Organization Name: _____

B. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

C. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

D. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

E. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

F. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

G. Funding Request Number (FRN)	
Funding Commitment Amount	
Service Provider Name	
Description of Services Requested:	

Initial: _____ Date: _____