

STUDENT NAME: _____ ID: _____

I understand that, as a result of my financial aid or an overpayment, I have a credit balance on my student account.

I would like the excess amount REFUNDED to me.

I understand that the full available amount of my credit will be refunded unless indicated here \$_____.

REQUESTOR NAME

SIGNATURE

DATE

Refunds will be made payable to the party whose funds created the credit, whether by payment or loan, unless specified below.

Refunds from PLUS loans require parental permission to be disbursed to the student.

Disbursement of Check:

Check payable to (check one): _____ Student _____ PLUS Borrower _____ Other

Payee Name _____

Payee Address _____

Distribution of Check (check one): _____ Pick up _____ Mailed

Special Instructions: _____