

Request Refund of Credit Balance - COVID19

Student Name*

8 Digit Student ID*

Refund Request Details

Refund Options (Select All that Apply) *

Apply Refund to Fall 2020 Semester

Amount: \$

Donate to the COVID-19 Emergency Fund

Amount: \$

Send Payment to Recipient

Amount: \$

Send Payment to Recipient Options:

CASHNet/eRefund

Off Campus Address

Recipient Name :

Address:

City:

State:

Zip Code:

Statement

To the best of my knowledge, all charges and fees due to the College will be paid in full. I understand that changes and adjustments to my financial aid award and my student account may occur. I understand that if my financial aid credits previously posted are reduced or removed, I may owe the College even after I have received the Credit Balance Refund. I also understand that all adjustments will appear on my student account statement and that if any valid adjustment creates an amount due to the College, subsequent to this refund, it is expected to be paid by the due date of that statement.

Acknowledgement of Statement*

I certify that I have read, understand and agree with the above statement.

Print Name

Signature

Date