

MOUNT HOLYOKESM

CREDIT BALANCE REQUEST

STUDENT FINANCIAL SERVICES (SFS)

NAME _____ CID# _____

EMAIL ADDRESS _____

PHONE # _____ CAMPUS BOX# _____

COMMENTS _____

Please note: Upon review of the account, if it is determined that the credit balance is the result of a payment from someone other than the student, for example due to a PLUS loan or tuition payment plan, those funds will be released to the bill payer unless SFS receives written authorization to release the credit balance to the student.

By Signing Below I understand:

- And agree that any amounts owed to Mount Holyoke College will be deducted before a refund check is issued.
- I am responsible for any additional charges applied to my account after a refund check is processed.
- All required financial aid forms must be received and processed before my refund can be released.
- That this refund may take up to two weeks to process.
- If the credit balance is the result of a payment from someone other than the student those funds will be released to the bill payer unless written authorization to release the credit balance to the student is received. (Please see below.)

Student Signature: _____ Date: _____

If applicable:

As the bill payer on this account, I authorize SFS to release this credit balance to the student listed above.

Parent/Bill Payer Signature: _____ Date: _____