

HARDIN-SIMMONS UNIVERSITY

REFUND REQUEST

Request Date _____

ID# _____

STUDENTS CHOOSE ONE OF THE FOLLOWING:

1. I, _____ request my credit balance of \$_____.
2. I, _____ request my credit balance of \$_____ remain on my student account.

Signature

PARENT PLUS LOAN BORROWERS ONLY:

1. I, _____, parent of _____, student ID# _____, request the credit balance of \$_____ remain on the student account.
2. I, _____, parent of _____, student ID# _____, am requesting a refund of \$_____ to be mailed to:

Signature

Further, I understand that if this credit balance has been created due to student financial aid, it was granted based on statements that are true and correct to the best of my knowledge. If, for any reason, my financial aid is reversed, I, for value received, do promise to pay Hardin-Simmons University or Order, the balance of my account together with interest at the rate of 18% APR by the beginning of final exams for this semester.

For Business Office Use Only

Voucher # _____

Processed By

Holds _____

Finance VP/Controller