



BUSINESS OFFICE OVERAGE FORM

When student financial aid creates a credit balance on your account, we are required to get written permission from the student if you wish to have your refund retained for a future semester.

Please sign the authorization below and return to the Business Office if you wish to hold your credit balance.

I authorize the credit balance to be retained for the semester.

Student Name (print): _____

Student Signature: _____

Business Office: 277-7436

ALL FORMS REMAIN IN EFFECT UNTIL CANCELLED BY THE STUDENT

I wish to cancel this agreement as of (date): _____

Student Signature: _____