

Averett University

Student Refund Request Form

No request will be processed unless form is completed in full.

Student's Name _____
(please print or type)

Student's Averett ID# _____ Required

****Credits involving PLUS loans require the parent's signature below.**

Please check one:

_____ I understand that, as a result of my financial aid, I have a credit balance on my account. I would like the excess amount REFUNDED to me. I realize that this does not constitute a change to my Student Authorization Form and that an indication on the Student Authorization Form to hold my credit balance on my account will remain in effect unless a revised Student Authorization is submitted.

_____ I understand that, as a result of my financial aid, I have a credit balance on my account. I am requesting a partial refund of \$_____, and I authorize the remaining credit to remain on my account. I understand that I may revoke this authorization in writing and request a refund of any remaining credit balance due to me at any time.

_____ I would like the credit balance as the result of an overpayment on my student account refunded to me in the amount of \$_____.

Make check payable to: _____
(please print or type)

Please indicate by checking one:

_____ HOLD – (Student will pick up in Student Accounts)

_____ MAIL to address shown below (complete address only if to be mailed)

Check writing process may take 1 to 4 weeks from date the funds are available and/or the date the form is received in the Student Accounts Office.

Student Signature Date

** _____
Parent Signature Date

Mail check to: _____

Return form to: Averett University
Student Accounts Office
420 West Main Street
Danville, VA 24541