

STUDENT ACCOUNTS REFUND REQUEST FORM

No requ	est will be processed	l unless form is co	ompleted in full	•
Student's Name				please print
Student's Averett ID#: P000 Required*				
		-		
Please select the form of re	fund you wish to rec	ceive: Check	Refund	
**Credits involvii	ng Parent PLUS loans	require the approve	d parent's signatu	re below.
credit balance on my a does not constitute a c Authorization Form to Student Authorization	result of my financial a account. I would like the hange to my Student A be hold my credit balance is submitted. I also, u	ne excess amount RI authorization Form a se on my account wi	EFUNDED to meand that an indicated the series of the series in effect to the series of	. I realize that this ion on the Student unless a revised
refunded unless an am	ount is indicated \$			
Student Signature			Date	
** Parent Signature			Date	
 Login to Studen Click on Financ Click on Balanc Click on "Make When the CASE 	uition, fees and other fees below to enroll in <i>eRefund</i> : t login to PC Self-Service tes tab	are satisfied. All subsections are satisfied and subsections are satisfied. All subsections are satisfied. All subsections are satisfied. All subsections are satisfied. All subsections are satisfied.	equent refunds will a	also be issued by direct
Check - Make check pay	yable to:			<u> </u>
Mail check to):			
Return form to: Averett Un	niversity, Student Ac ax: (434) 791-7181 ♦	,	,	anville, VA 24541
		Office Use Only		
		<u></u>		
	Date form received: PLUS Loan on acct: Signed up for eRefund:	No : Yes : No : Yes :		