

**SAINT MARTIN'S UNIVERSITY**  
**REFUND REQUEST AND AUTHORIZATION STATEMENT**

Campus (circle all that apply): Lacey Ft Lewis McChord Olympic Centralia Other

NAME \_\_\_\_\_ ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**AUTHORIZATION STATEMENT FOR TITLE IV (FEDERAL) AID CREDIT BALANCES**

(Stafford, PLUS and Perkins Loans, SMART Grant, Pell and SEOG)

Credit balances from Title IV funds may be applied to other allowable charges with the authorization of the student (or parent for PLUS loans).

*Allowable charges include but are not limited to bookstore charges, health insurance fees, emergency loans, parking fines, library fines, housing fines, late fees, etc.*

This is an option and may be canceled or modified at any time. This authorization is valid through the entire award year (Summer through Spring).

\*Credit balances may be left on the account for the subsequent semester with the authorization of the student (or parent for PLUS loans) **provided that it is part of the same award year.** Any earned interest will be held by the college and will not be added to the student's account.

**PLEASE INDICATE OPTIONS AND SIGN: (Required for refund processing)**

Apply allowable charges: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Check YES if you are planning to charge books to your account)

Hold credit on account: Yes \_\_\_\_\_ \*\*No \_\_\_\_\_  
(Credit will be held for the next session or term)

\*\*If NO, please specify option: Mail \_\_\_\_\_ Pickup \_\_\_\_\_

(Mailed checks will be mailed to address indicated above)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For office use only:*

AMOUNT \$ \_\_\_\_\_

To Credit back credit card:

Bank Card # \_\_\_\_\_ Exp date: \_\_\_\_\_

Refund Type: Stafford loan Pell Perkins PLUS SEOG WSNG Scholarship Alt loan SMART SMU Funds Overpmt

Remarks \_\_\_\_\_

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