Student Account Refund Request

Refund Date

SU ID*                         Last Name*                         First Name*                         MI

Make Check Payable To: ____________________________ Relationship: ____________________________
(If Payee Name Is Different From Student Name Above, Student Signature Is Required on This Form)

Mailing Address*                         City                         State                         Zip

Telephone Number*

Check One*:  ☐ Pickup  ☐ Mail (Refund checks will not be mailed to campus addresses)

Amount $__________ From Student Account (ARST)

Reason for Refund: ____________________________

Refund checks will only be issued for accounts that have credit balances.

I understand that if my eligibility for financial aid changes or outside financial assistance is reduced, I will be responsible for any balance due on my student account.

Signatures:

__________________________ ________________________
Student*                          Date

__________________________ ________________________
Student Accounts                          Date                          Voucher #

Comments:

________________________________________________________________________

________________________________________________________________________

*Required

Please return to Hornet Central/Wilkins Building or by email to HornetCentral@su.edu or by fax: 1-540-665-5433