



Business Office
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Mail #5002
Saint Paul, Minnesota 55105
651-962-6600 / 1-800-328-6819 ext 26600
BusOffice@stthomas.edu

CREDIT BALANCE HOLD AUTHORIZATION FORM

Student Name _____

Student ID _____

Start of Hold Date _____

End of Hold Date** _____

**Note: At the end of each academic year all credit balances are refunded.

By submitting this form I acknowledge that:

- ◇ I am requesting the current credit balance on my student account be held until such time as there are charges on my student account toward which the credit can be applied.
- ◇ I understand that if any credit balance remains at the end of the hold date or the end of the academic year then the University will issue a refund.

Student signature

Date

Please print, sign, and submit to the University of St. Thomas Business Office at the address or email address listed at the top of the form. Thank you.