



# UNIVERSITY *of* ST. THOMAS

Business Office  
2115 Summit Avenue  
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Saint Paul, Minnesota 55105  
651-962-6600 / 1-800-328-6819, ext 26600  
Fax: 651-962-6630  
[BusOffice@stthomas.edu](mailto:BusOffice@stthomas.edu)

## CREDIT BALANCE 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.

My signature acknowledges that I am requesting the credit balance on my student account be held until the end date as noted above. I understand that if any credit balance remains at the end of the hold date (or at the end of the academic year), St. Thomas will issue a refund.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Return signed form to Business Office or FAX to 651-962-6630.