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.