



Rindge Refund Request Form

Fax: 603-899-4372

Email: osfs@franklinpierce.edu

Student Name: _____ Student ID # or SSN: _____

Name Check Issued/Payable To: _____

Check Delivered To (Check One):

FPU Mailbox # _____ Street Address: _____

City: _____

State: _____

Zip Code: _____

*Please note: If your credit balance is the result of a Parent PLUS Loan or payment made on your behalf, we will need written permission from that source in order to release the funds.

All financial aid, scholarships, and alternative loans must be disbursed to the student's account before any refund(s) can be issued.

REASON FOR REFUND:

Alternative Loan Overage Graduating Other

PLUS Loan (*see note above) Withdrawing

Overpayment (*see note above) Meal Plan Adjustment

Refund Amount Requested: \$ _____

Signature: _____ Date: _____

Return form via FAX, e-mail, or mail:

FAX: 603-899-4372

E-mail: osfs@franklinpierce.edu

Mail: Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge, NH 03461

FOR OFFICE USE ONLY

Amount Approved: \$ _____	Posting Date: _____
Student ID #: _____	Check #: _____
Authorization Received: Yes/No _____	Year/Term: _____
Approved by: _____	Verify Check Total: \$ _____
Comments: _____	

