



ID #: _____ NAME: _____ PHONE: _____

Credit Refund Request

Amount Requested :

Charge to:

Student Name: _____ ID #: _____

Reason for Request: _____

Issue Check to:

Name _____

Direct Deposit: Yes No

Address _____

City _____ State _____ Zip Code _____

Country _____

Student's Signature

This form can be used to request a refund of financial aid funds that exceed a student's charges, or a credit that results from an overpayment of charges. All requests are reviewed, and if a credit appears on the student's account, a refund will be issued within 14 days of the receipt of this form.

Return to: La Sierra University, Student Financial Services, 4500 Riverwalk Parkway, Riverside CA 92515-8247 Ph: (951) 785-2175 Fax: (951) 785-2175

Office Use Only

Authorized by: _____ Date: _____ Posted by: _____ Date: _____

Charge to: 11-13125