



Brandeis University Credit Release Form

Office of Student Financial Services

415 South Street, MS 027 Waltham, MA 02454

Phone 781-736-3700 Fax 781-736-3719

Please complete the top box, retain the bottom copy for your records and return the form to the Office of Student Financial Services. Prior to processing, students must be registered for at least 6 credits, all monies from private scholarships and loans must be received by the University, and Federal and Institutional Student Loan entrance counseling must be complete and promissory notes signed.

Student Name (Refund Checks will be Made Payable to the Student): _____

Send To (complete one): Campus Mail Box _____ Department Mail Stop _____

Pick Up _____ Address Below _____

Street Address: _____ **Apt.** _____

City, State, Zip Code: _____

Student Name: _____ **SAGE ID #** _____

(Required) Student Signature: _____ **Date:** _____

Parent name and signature is required if student's account has PLUS loan credited

Parent PLUS Loan (PPL) Borrower Name: _____

PPL Borrower Signature: _____ Date: _____

Refunds are not issued on accounts paid through the monthly payment plan. If your student account balance reflects an overpayment contact the Office of Student Financial Services or the monthly payment plan provider to discuss reducing your payment plan budget.

For Office Use Only

Requested

WhoCash: \$ _____ **Amount to be refunded:** \$ _____ **Item Type** 000006

_____ Career

_____ Level

_____ Registration Units

_____ Withdrawal Code & Date

_____ Refund Address

_____ Tuition Calculation

_____ Promissory Note

_____ Parent Plus Loan

_____ Monthly Payment Plan

_____ Outside Scholarship

_____ Outside Loans

_____ FA Loan Signature Dates

_____ FA Loan Acceptance Screen

Student Accounts Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Comments: _____

Refund Pending: Registration Loan Signature(s) Payment Plan Scholarship

As Of: _____