

SPRINGFIELD COLLEGE

AUTHORIZATION TO HOLD
CREDIT BALANCE

(PLEASE PRINT)

NAME OF STUDENT: _____ CLASS: _____

SOCIAL SECURITY #: _____ I.D. #: _____

CREDIT BALANCE AMOUNT: \$ _____

REASON FOR CREDIT BALANCE

Federal student loan/grant State student loan/grant
 College grant Outside scholarship
 Educational loan
 Other: _____

AUTHORIZATION FOR USE OF CREDIT BALANCE:

_____ Credit balance to be applied against 20__ Fall Semester tuition charges.

_____ Credit balance to be applied against 20__ Spring Semester tuition charges.

_____ Credit balance to be applied against 20__ Summer Semester tuition charges:

_____ Please send my credit balance in the amount of \$ _____ to:

NAME: _____

ADDRESS: _____

I hereby authorize the Business Office to process my credit balance as stated above.

Signature

Date