

SPRINGFIELD COLLEGE

AUTHORIZATION TO HOLD
CREDIT BALANCE
(PLEASE PRINT)

NAME OF STUDENT: _____ 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.

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

Signature

Date