

AUTHORIZATION to SEND FUNDS

Submit this form to the Financial Aid Office if you wish to have all or a portion of your semester refund to be sent to another institution. Know that Financial Aid is subject to change if you fail to meet any of the necessary requirements.

Student's Name: _____ ID: _____

Email Address: _____ Phone: _____

Abroad Program: _____

Semester: summer fall spring Year: _____

Amount of your total semester refund at NP*: \$ _____

*shown as a negative number at the bottom of your Student Account on my.newpaltz

Amount of that refund to be sent: \$ _____

Name and Address of school to send funds to: _____

Make check payable to: _____

Submit this form when all boxes have been checked:

I authorize SUNY New Paltz Student Accounts to send my refund to the above-mentioned institution on my behalf.

I have attached a copy of my invoice from the other institution showing my current amount due.

I understand that the Financial Aid Office will email me after this form is processed. The information in that email may be used as proof of aid for the visiting Student Accounts office.

Student Signature: _____ Date: _____

fax: (845) 257-3568
email: fao@newpaltz.edu
submit on campus: HAB603
mail: Financial Aid Office - 200 Hawk Dr - New Paltz NY - 12561