

SUNY NEW PALTZ OFFICE OF FINANCIAL AID  
Phone: 845-257-3250  
Fax: 845-257-3568  
Email: fao@newpaltz.edu  
[www.newpaltz.edu/financialaid](http://www.newpaltz.edu/financialaid)

## **REFUND AUTHORIZATION**

Submit this form to the Financial Aid Office if you wish to have all or a portion of your semester refund sent to another institution. This form is required if you are requesting a Consortium Agreement. Please note that your financial aid is subject to change if you fail to meet any of the necessary requirements.

Name: \_\_\_\_\_ New Paltz ID# \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester: [ ] SUMMER [ ] FALL [ ] SPRING      Academic Year: \_\_\_\_\_

Study Abroad Program/Host Institution: \_\_\_\_\_

\*Social Security Number or Host Institution ID# \_\_\_\_\_

Number of Credits Enrolled at New Paltz: \_\_\_\_\_ Number of Credits Enrolled at Host Institution: \_\_\_\_\_

**Choose an option below to indicate how you would like the Office of Student Accounts to process your refund:**

[ ] I do not want my refund sent to the institution listed above. I understand that by checking this box that any refund on my account will be sent directly to me and/or my parent (if applicable) and I will be responsible for any balance owed to the Host Institution.

[ ] I authorize the Office of Student Accounts at SUNY New Paltz to send my refund to the Host Institution listed below on my behalf. [Enter Institution Information Below]

**\*Amount of your refund that you would like sent to Host College: \$\_\_\_\_\_\***  
[By leaving the amount blank, you authorize the college to send your entire refund to the host college]

**Name and Address of Institution where funds are to be sent:**

Address Line 1 \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: (845) 257-3568  
On campus: Wooster Hall 124  
Mail: Financial Aid Office - 200 Hawk Drive - New Paltz, NY - 12561