SUNY NEW PALTZ OFFICE OF STUDENT FINANCIAL SERVICES Phone: 845-257-3250

Fax: 845-257-3568 Email: fao@newpaltz.edu www.newpaltz.edu/financialaid

REFUND AUTHORIZATION

Submit this form to the Office of Student Financial Services if you wish to have all or a portion of your semester refund sent to another institution. This form should \underline{NOT} be used 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 H	lost Institution ID)#		
Number of Credits Enrolled a	at New Paltz:	Number of C	redits Enrolled at Host In	stitution:
Choose an option below to your refund:	indicate how yo	u would like the	Office of Student Accou	nts to process
[] I do not want my refund that any refund on my ac will be responsible for an	count will be ser	nt directly to me	and/or my parent (if appl	
[] I authorize the Office of Institution listed below on m				the Host
*Amount of your refund th [By leaving the amount bl			ollege: \$ ur entire refund to the host coll	* ege]
Name and Address of Institu	ution where fun	ds 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: Office of Student Financial Services - 200 Hawk Drive - New Paltz, NY - 12561