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

Fax: 845-257-3568 Email: fao@newpaltz.edu 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 []SPRI	ING Academ	nic Year:	
Study Abroad Program/Host Institution:			
*Social Security Number or Host Institution	ID#		
Number of Credits Enrolled at New Paltz: [
Choose an option below to indicate how your refund:	you would like the C	Office of Student Accounts to proce	SS
[] I do not want my refund sent to the ins that any refund on my account will be s will be responsible for any balance owe	sent directly to me ar	nd/or my parent (if applicable) and	
[] I authorize the Office of Student Accou Institution listed below on my behalf. [Ente			
*Amount of your refund that you would [By leaving the amount blank, you authorize			
Name and Address of Institution where for	unds 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