

## Credit Balance Hold

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Start of Hold Date \_\_\_\_\_

End of Hold Date \_\_\_\_\_

Reason for Hold \_\_\_\_\_

Student Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Phone Number \_\_\_\_\_

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My signature acknowledges that I am requesting the credit balance on my student account be held until the end date as noted above. I understand that if any credit balance remains at the end of the hold date, Regis University will issue and mail a refund check in my name.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Return signed form to Enrollment Services or FAX to 303-964-5449.