

Credit Balance Hold

Please fill out this form, then print and sign it. Fax or mail to the address above.

Today's Date _____

Student Name _____

Student ID _____

Start of Hold Date _____

End of Hold Date* _____

Reason for Hold _____

Student Address _____

Student Phone Number _____

My signature acknowledges that I am requesting that 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 or will deposit the amount in my bank if I have signed up for Direct Deposit.

Student signature

Date

*** Please note:** *If the credit is a result of federal student aid, regulations prohibit Regis University from holding a credit balance created by financial aid beyond the end of the award year. Federal student aid fiscal year award period is from July 1 through June 30.*