Refund Request Form

Student name:          Amount requested:  
ID number:             $  
Date:                 Reason for request:  
Phone number:          
Email address:         

All students (required)

☐ Refunds normally require 1 to 2 weeks for approval and processing once credit is available on the account.

☐ This Refund Request Form is effective for this transaction only. A separate form is required for each request.

☐ All refunds will be processed through ACH (electronic transfer), to the student’s bank account. If you have not set up your refund bank information, please go to “Student Finances” on myLynn at my.lynn.edu to complete your ACH setup.

Federal aid recipients

☐ I understand that my attendance in class will need to be verified before any financial aid will be processed. Failure to verify attendance, and the resulting loss of aid, may lead to an outstanding balance being owed to the university.

International students

☐ I understand that all payments received onto the student account must be for the amount due. Excess payments that exceed tuition, room and board costs for the current terms will be applied to a future semester to cover anticipated tuition and related fees. Therefore, any credit balance refund will only be for a maximum amount that is estimated for books, room and board costs for the current term. (This is to comply with the Financial Record Keeping and Reporting of Currency and Foreign Transactions Act of 1970 (31 U.S.C. 5311 et seq.)

By signing this, I confirm that I have completed the ACH setup and have read the disclaimers above.

Student signature: ____________________________________________

If student is under 24* years of age, a parent signature is required for any request exceeding $100.

* Federal Department of Education regulations state that students that are a graduate student, married, veteran, orphan of the court or have children of their own are considered independent of their parents. All others are considered dependent until the age of 24.

Parent name (please print)                                     Parent signature

Office use only

ACH setup:  Y / N          Amount of refund:  $ ____________________________
Supervisor approval: ____________________________________________ Date: ____________