ATLANTA'S
JOHN MARSHALL
LAW SCHOOL

STUDENT LOAN REFUND REQUEST

This section to be completed by the student requesting a refund.

Name: _____

Address: _____

_____

Date: _____

Please determine which of the statements below is applicable. Select one by entering your initials to the left of the statement and printing your name in the space provided to the right of your initials. Sign, date and return to the Office of Student Account Services.

_____ I, _____, request that John Marshall Law School release any excess funds directly to me, the student.

_____ I, _____, request that John Marshall Law School return any excess funds to my lender.

_____   _____
Student Signature   Date

This section to be completed by the Office of Student Services.

Opening Balance:	{plus:}	$_____
	{minus:}	
Amount of Tuition Due:		$_____
	{plus:}	
Amt. Fed. Loan Recd. :		$_____
	{plus:}	
Amt. Alt. Loan Recd.		$_____
	{equals}	
Excess Aid refunded to Lender:		$_____
Excess Aid to Student		$ _____

Total Loans Recd $_____

COA Per Budget $_____

Budget Overage $_____

Notes:

_____

_____