



## 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.		\$ _____	Total Loans Recd \$ _____
	{equals}	\$ _____	
Excess Aid refunded to Lender:		\$ _____	COA Per Budget \$ _____
Excess Aid to Student		\$ _____	Budget Overage \$ _____

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_