



**HARVARD**  
**GRADUATE SCHOOL OF EDUCATION**  
 FINANCIAL AID OFFICE

**FINANCIAL AID REFUND REQUEST FORM**

Name (please print)	E-mail Address
Harvard ID#	Street Address
SSN	Apartment #
Telephone #	City / State / Zip Code

• **Please note the reason you expect a credit balance:**

- Approved alternative loan (such as PLUS, HELP, MEFA, etc.)
- Increase in Direct /Stafford or Perkins Loans, or recently signed promissory note
- Outside award payment
- Health Fee Waiver
- Tuition Assistance Plan (TAP) credits
- Americorps (National Service Award)
- Other: \_\_\_\_\_

• **I understand the following:**

- ◆ The refund process may take up to **5 business days**
- ◆ Refund checks will only be processed if I have an **actual** credit balance on my account. (e.g. TAP credits, health fee waivers)
- ◆ **Charges (such as rent, board, pharmacy charges, library fines, parking, etc.) placed on my account after the date my refund is calculated by the Financial Aid Office are my responsibility.**
- ◆ I am responsible for the repayment of any funds disbursed through errors identified at a later date by either party.
- ◆ **Refund checks will be mailed** to the above address /local billing address unless held by the Financial Aid Office (FAO) for additional verification. For checks held by the FAO I will receive an e-mail notification when the check is available and I may be required to bring in additional information before the check will be released to me.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only**

Refund Amount \_\_\_\_\_ Authorized by \_\_\_\_\_ Date \_\_\_\_\_