

CASH RELEASE REQUEST FORM

I request a cash release of the credit balance on my student account, after current semester charges, and after the disbursement of funds to my account (see award letter for disbursement eligibility dates). I understand that any adjustment to my account after this request has been made is still my responsibility.

NOTE: If you received a loan disbursement from the government, this cash release request form will release any remaining credit balance to you. If you wish to return loan money disbursed to your account back to the government, please contact the Financial Aid department.

Please release the credit balance for the _____ semester.

To: _____

(Name: Last, First, MI) Please print

ID#: F 0 0 _ _ _ _ _ Phone #: _____

Address: _____

Direct Deposit Information: New Enrollment ____ Changed ____ On File ____

E-mail address (to receive confirmation of receipt – please do not call): _____

Do you reside on campus? ____ Yes ____ No

Signature _____ Date _____

Submit to: Concordia University Wisconsin
Business Office
12800 N. Lake Shore Drive
Mequon, WI 53097
Fax (262) 243-2967 – this is a direct fax to the processor

OFFICE USE ONLY:

Amount: _____ Date ___/___/___ Date Received _____

Approved by: _____