REFUND REQUEST
Requests received by Friday at 4 will be available by noon the following Friday
This form is good for one refund issued

Student Name: ___________________________ System ID: ___________________________
(available in SelfServ/MyProfile/AccountInformation)

Amount of Refund:
All Available Funds __________ OR Refund $ __________
(mark with a “X” to get all available funds)

Select an Option:
Mail to my address on file_______ OR I will Pick Up________

Student Signature: ___________________________ Date: _________________

If a parent borrowed through the PLUS Loan Program – the section below must be completed.

If a PARENT LOAN has been credited to the student account (check student SelfServ if unsure) all
refunds will be issued to the Parent Borrower unless the first option below is completed.

Select an Option:
_____ Make Check payable to student
_____ Allow my student to pick up the check in my name
_____Mail to Parent Borrower at the address below:

Address:_________________________________________________________

City, St, Zip:_____________________________________________________

Parent Borrower Name (Print) _______________________________________

Parent Borrower Signature:_________________________________________

Fax to: 334-833-4235 (confirm receipt via email at studentaccounts@hawks.huntingdon.edu)
Print, Sign (ink signature), and Scan to: studentaccounts@hawks.huntingdon.edu
Mail to: Student Account Manager
Huntingdon College
1500 East Fairview Avenue
Montgomery, AL 36106

Office Use Only:
St. Act. Mgr: ___________________________ Comptroller: ___________________________