

## REFUND AUTHORIZATION FORM



120 Hayden Hall  
360 Huntington Avenue, Boston, MA 02115  
Tel: 617.373.2270 Fax: 617.373.8222  
[www.neu.edu/registrar/billing.html](http://www.neu.edu/registrar/billing.html)

I hereby authorize the student indicated below to request and receive a refund from their tuition account. The credit in the account is a result of a loan and/or payment plan in which I am the Borrower/Bill Payer as indicated below.

Note that this authorization to release funds to the student remains in effect for the **duration of the student's Northeastern University education, unless otherwise indicated below.**

I understand, that I may at any time, amend or withdraw this authorization to release future funds by notifying the office of Student Accounts in writing.

Date:	
Borrower/Bill Payer's Name (please print):	
Borrower/Bill Payer's Name—Signature:	
Student's Name:	
Student's NUID:	
Expiration Date:	
Amount Limit (if any):	\$

**Form must be mailed or faxed to the address/number indicated above.**