



Parent PLUS Refund Request Form

Fax: 603-899-4372

Email: osfs@franklinpierce.edu

Student Name: _____

Student ID # or SSN: _____

Parent (Borrower) Name: _____

Name Check Issued/Payable To: _____

Check Delivered To (Check One):

FPU Mailbox # _____

Street Address: _____

City, State, Zip: _____

HOLD REFUND:

Franklin Pierce University may hold all remaining credit on the student's account to apply to student's next year/term of enrollment.

Refund Amount Requested: \$ _____

If refund amount requested is less than the total credit balance on student account, I authorize Franklin Pierce to HOLD these funds to apply to future charges.

Special Instructions:

Signature: _____

Date: _____

Return form via FAX, e-mail, or mail:

FAX: 603-899-4372

E-mail: osfs@franklinpierce.edu

Mail: Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge, NH 03461

FOR OFFICE USE ONLY

Amount Approved: \$ _____

Posting Date: _____

Student ID #: _____

Check #: _____

Authorization Received: Yes/No

Year/Term: _____

Approved by: _____

Verify Check Total: \$ _____

Comments:

