



STUDY ABROAD RELEASE OF FUNDS

Name: _____ Banner ID: _____

Semester: Fall Spring Summer Year: _____

Program: _____

Agency: _____

Original Cost Due to Agency:

Deposits and other payments:

Amount Due to Agency*:
*Attach invoice

Amount Due to FSU:

Total Financial Aid:

Financial Aid to be released to Agency:

Financial Aid to be refunded to student:

Please carefully read below, sign and date:

I authorize Fitchburg State University to pay the above amount to the above stated agency with any federal, state, institutional or private funds that have been applied to my FSU student account and have created a credit after the satisfaction of institutional charges. I understand that my refund will be made payable to the agency and will be mailed or otherwise transferred directly to the agency. I also understand that any remaining funds will be made available to me via direct deposit. (Visit www.fitchburgstate.edu/studaccts to set up your eRefund.) I authorize Fitchburg State to confirm the balance due prior to the release of payment to the agency. If the amount due to the agency is less than stated above, I understand that the balance will be refunded to me in the manner stated above. If the amount is greater, I understand that I will be contacted for further authorization.

I may rescind this request in writing to the Student Accounts Office. I also understand that if for any reason my financial aid is cancelled or reduced I will be responsible for any funds due to Fitchburg State University or the above agency and the University will not be held liable for any amount due. This request will only be in effect for the semester(s) indicated above during which I am studying abroad.

Signatures:

Student: _____ Date: _____

International Education: _____ Date: _____

Financial Aid: _____ Date: _____

Student Accounts: _____ Date: _____