



I am requesting that my Financial Aid Refund for the following disbursement period be mailed to me when it becomes available.

\_\_\_\_/SPRING

\_\_\_\_/FALL

\_\_\_\_/SUMMER

Student ID: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please return this form to the Business Office via...

Email: [finserv@eastcentral.edu](mailto:finserv@eastcentral.edu)

Fax: (636) 584-8602

Drop Off

**Please note: All emails must be sent from your student email account; information must match information per our data base and do not email social security numbers. Also, a separate form is required for each refund disbursement.**