
Credit Balance Authorization Form

Sofia University must obtain written authorization from the student to allow a credit balance to remain on student accounts for future terms.

CREDIT BALANCE (REFUND) AUTHORIZATION: (CHOOSE ONE)

I authorize Sofia University to apply any credit balance from a current or previous quarter to future quarters

If you choose this option, you will not receive a refund until the end of the academic year unless you specifically request one.

I do not authorize Sofia University to apply any credit balance from disbursement of Title IV funds to future charges within the same financial aid award year. Please refund any credit balance remaining on my account to me after the current quarter charges are paid.

I understand that this authorization is valid for as long as I am enrolled at Sofia University. I may rescind this authorization by completing a new Credit Balance Authorization Form at any time and submitting it to the Student Accounts Office.

Print Name

Student Signature:

Date:

Please return this form to: [Sofia University Student.Accounts@sofia.edu](mailto:Student.Accounts@sofia.edu)