

## Request to Draw Student Account Credit Balance

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Name: \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_ (specific amount or "all")

I am requesting that Labouré College of Healthcare draw a refund check in the above amount and authorize this drawdown amount to be charged to my student billing account. I further authorize Labouré College of Healthcare to hold any remaining funds in my student billing account to be applied against future tuition and other costs.

Pick-up: Please contact me at \_\_\_\_\_ when check is ready.  
(Phone or Email)

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

Labouré College of Healthcare

ATTN: Student Accounts

303 Adams Street

Milton, MA 02186

Fax: (617)296-7947

Email: [StudentAccounts@laboure.edu](mailto:StudentAccounts@laboure.edu)