



Labouré College

Request to Draw Student Account Credit Balance

Name: _____

Student ID: _____

Amount Requested: \$ _____

I am requesting that Labouré College 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 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
ATTN: One Stop Center
303 Adams Street
Milton, MA 02186
Fax: (617)296-7947

For Official use Only

Student Accounts: _____ Date: _____

Controller: _____ Date: _____

Accounting Use Only FY _____ Period _____ Fund _____

Posting Date _____ Acct _____ Dept _____ Function _____