OFFICE OF FINANCIAL AID



REQUEST FOR REIMBURSEMENT

STUDENT INFORMATION							
Student Name:		Student ID:					
Student Address:			Student Date of Birth:				
City, State, Zip		Student Email:					
Student Phone: Studen			t Alternate Phone:				
REIMBURSEMENT REQUEST							
Please check one of the following: □ Please reimburse me for out-of-pocket expenses for: Term: Amount: (Must submit a copy of original receipts) □ Please release funds from Scholarship: Term: Amount: (Must provide us with a confirmation of release or a letter from foundation is required.)							
TRANSFER OF FUNDS							
☐ Please transfer remaining balances from non-Grayson scholarship(s) to a different institution. (Must complete the mailing information below.)							
Name of Institution:			Student ID at new institution:				
Attn:							
Address:							
City:	State:	State:		Zip:			
By signing I understand:							
 I must review the terms of your scholarship from the foundation before you request the reimbursement. I may receive a reimbursement for out-of-pocket expenses for tuition, fees, books and supplies. I am required to submit original receipts for educational expenses. If I am requesting the remaining balance of non-Grayson scholarship(s) I must have my sponsor contact Grayson's Financial Aid Office with a release authorization. Request for Reimbursement can take 3-4 weeks to process. 							
Signature:					Date:		
Financial Aid Office Use Only	Date:		FAO:				
Fund Code(s)	Amount		Action				
					Other		
			Pay Bill		burse	Other	
Notes:			Pay Bill	Keim	burse	Other	

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299 Email to: Financialaid@grayson.edu • Fax to: 903.463.3908