

Hollins Identification Number:	E-mail Address:	
Last Name	First Name	MI
a refund. The Direct Deposit Authorization Form	can be found on my banking information	Authorization form must be completed prior to requesting the holins. Click on the Campus Services tab, then Form has changed, it is my responsibility to submit a nef this change immediately.
	ne until after the first	hey have been applied to my Hollins student accourday of classes for the term which the aid was awarded. from my account.
for any other charges on my student account. This library fines, and any other miscellaneous charges.	includes fees charged NO OTHER FINAN and that enrollment ch	nds. By making this request, I realize that I am responsibed for increasing or decreasing student hours, parking fee NCIAL AID WILL BE DISBURSED TO COVER AN hanges made after the date of this request may impact measures University.
Signature		_Date
For questions regarding processing of request p Fawn Reed – Student Accounts Receivable Coordi Phone: (540) 362-6471 E-mail: BOffice@hollins.edu https://my.hollins.edu -Campus Services -Business	nator	RETURN FORM TO: Hollins University Office of Scholarships and Financial Assistance 7916 Williamson Rd, Box 9718 Roanoke, VA 24020 E-mail: SFA@hollins.edu Fax: (540) 362-6093
FINANCIAL AID OFFICE USE ONLY:	BUSINESS OFFICE USE ONLY:	
Account Balance:  Number or Registered Credits:	Date Received:  Document #:	
Approval Date/Initial:	•	l:

Revised: 5/2019