



Student Financial Services

Room 11-120
77 Massachusetts Ave., Cambridge, MA 02139
617-258-8600
ssc@mit.edu

Account Refund Request Form

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Name (please print)

MIT ID

Check one:

____ I would like the entire amount available to me (up to \$10,000).

____ I would like a refund in the amount of \$ _____

Check one:

____ I will pick up my refund in the Student Services Center (11-120) on the next business day after 9:00 a.m. (10:00 a.m. on Wednesdays)

____ I would like \$ _____ credited to my _____ loan.

____ Please make check payable to _____
and mail it to the following address:

By signing this request, I authorize MIT Student Accounts to process a refund check in the amount of the overpayment on my student account. I understand that I must present a photo ID to receive the refund check if I am picking it up in the Student Services Center.

I also understand that if my student account is adjusted as a result of outside awards, MIT awards or financial aid, I will be responsible for repayment of any over-refunded money I receive.

Student's signature

Date

E-mail address

Office use only

Completed by

Date