



## Student Authorization Statement

This authorization is valid for the following period: \_\_\_\_\_  
(Entire academic year or specific term)

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

I authorize Bellevue University to leave excess funds on my account for:

- \_\_\_\_\_ Future Registrations
- \_\_\_\_\_ Pay off past session(s)
- \_\_\_\_\_ To keep a portion of excess funds
- \_\_\_\_\_ Combined of the above

Note: Excess funds from a future academic year cannot be retained to pay off past academic year balances.

Please specify (if combination of the above) \_\_\_\_\_

I understand I may cancel or modify the above conditions at any time by notifying Student Accounts and signing the modification or cancellation. I also understand in order to receive a refund during the academic year I must notify Student Accounts.

Note: All remaining excess funds will automatically be refunded at the end of academic year (June 30).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I wish to cancel this authorization

\_\_\_\_\_ I wish to modify this authorization: (please specify)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please print, complete appropriate information, and return to the Student Accounts office. Fax: 402-557-5410 or email [stuacct@bellevue.edu](mailto:stuacct@bellevue.edu)