



Office of Financial Aid
REQUEST FOR REIMBURSEMENT

Student Name: Student SS/ID:
Student Address: Student Date of Birth:
City, State, Zip: Student email:
Student Phone: Student Alternate Phone:

Request for reimbursement options:
- Please reimburse me for out-of-pocket expenses for: Term: Amount: (PLEASE SUBMIT A COPY OF ORIGINAL RECEIPTS)
- Please release funds from my scholarship for semester. (Please provide us with a confirmation of release) Amount:
- Please transfer remaining balances from non-Grayson scholarship(s) be forwarded to a different institution, please complete the mailing information below.

Name of Institution:
Attn:
Address:
City: State: Zip:

Please note, very few scholarships allow us to release funds to students. You may receive a reimbursement for out-of-pocket expenses for tuition, fees, books and supplies. We require original receipts for these costs, other than your tuition/fees costs.
If you are requesting the remaining balance of non-Grayson scholarship(s), please have your sponsor contact us directly with a release authorization.
Please note that processing for Request for Reimbursement could take 3-4 weeks to process.

Signature: Date

Attach original receipts here or on back of form
Documents must be completed and signed to be able to process.

Table with columns: Office Use Only (Fund Code(s)), Date, Amount, FAO (Pay Bill, Reimburse, Other), Action (Pay Bill, Reimburse, Other). Includes a Notes row.



Mail to:

Grayson College

Attn: Financial Aid Office

6101 Grayson Dr. Hwy 691

Denison, TX 75020

Email to: Financialaid@grayson.edu

Fax to:

903-463-3908