

# Office of Financial Aid

## REQUEST FOR REIMBURSEMENT



Name:		Student ID:	
Current Address:			
City:		State:	ZIP Code:
Phone:		Email address:	
<input type="checkbox"/> Please reimburse me for out-of-pocket expenses. (You must attach original receipts)			
<input type="checkbox"/> Please release funds from my _____ scholarship for _____ semester. (GC Must have sponsor approval to release remaining funds to students)			
<input type="checkbox"/> If you are requesting 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:
<p>Please note, very few scholarships allow us to release funds to students. You may receive a <b>reimbursement</b> for out-of-pocket expenses for tuition, fees, books and supplies. We require original receipts for these costs, other than your tuition/fees costs.</p> <p>If you are requesting the remaining balance of non-Grayson scholarship(s), please have your sponsor contact us directly with a release authorization.</p>			
Signature:		Date	

Attach original receipts here or on back of form: