

Residential Life and Housing Declining Balance Request

Name: _____ Student ID: _____

Hall and room number: _____

_____ I would like to add the amount of \$ _____ to my student account.

_____ I understand that my student account will be billed in the amount requested above.

_____ I understand that this is a non-refundable request, and any unused declining balance will not be refunded.

_____ I understand that any unused funds will be zeroed out on June 30 and I will not receive a refund for unused funds.

Signature: _____ Date: _____

*Please allow 1-3 business days for funds to be added to your student account.

Please return via one of the following methods:

~In person to the Office of Residential Life and Housing (C103 Provincial House)

~Fax to 314.516.6878

~Email to umslreslife@umsl.edu

OFFICIAL USE:

Date received in office: _____ Initials of Staff

member: _____

Date applied to account: _____ Initials of completion:

Updated 08.04.2016/adb