



Authorization to Hold
Current Semester Credit Balances

Please hold all credit balances on my student account until further notice. I understand that this authorization can be revoked at any time by filling out the section below. Credit balances will be disbursed at the end of the Spring semester.

Signature

Date

Print Name

Student ID

I rescind authorization to hold credit balances on my student account and request that it be refunded.

Signature

Date

Print Name

Student ID

Return Form to:
Defiance College Business Office
701 North Clinton Street, Defiance, Ohio 43512
Fax: 419-783-2318
bursar@defiance.edu

