



RETURN THIS FORM

By mail to:
Student Financial Services
Southeast Missouri State University
One University Plaza, MS 3740
Cape Girardeau, MO 63701

On campus at:
Academic Hall—Room 019

By fax to:
(573) 651-5006

Questions?
(573) 651-2253 or sfs@semo.edu

STUDENT INFORMATION	
SOUTHEAST ID	
NAME	FIRST MIDDLE INITIAL LAST
ADDRESS	STREET ADDRESS
	CITY, STATE, ZIP CODE
PHONE	HOME
	CELL
E-MAIL ADDRESS	
EFFECTIVE DATES	
START DATE	END DATE

I hereby request and authorize Southeast Missouri State University to hold any credit balance on my account.

By signing this request and authorization, I understand the following:

- a. Any interest earned by the University on credit balance funds will **not** be credited to my account;
- b. I may rescind this request and authorization at any time by providing written, dated documentation to the University (submitted to Student Financial Services);
- c. If no end date is indicated, this request and authorization remains in effect until the date the University receives dated documentation officially rescinding this request and authorization.

STUDENT SIGNATURE	
SIGNATURE	DATE