OHIO UNIVERSITY

Student Payment Release Form
Student Refund

Student Information

Student Name

PID#

◯ Undergraduate Student
◯ Graduate Student
◯ Medical Student

Payment Information

Type of Payment

Name of Scholarship, Prize or Award

Amount of Payment

Description of Payment

Academic Year

◯ Fall ◯ Spring ◯ Summer

Account Number to be Charged:

Fund Type | Fund | Organization | Natural Account | Project | Task

The cost center can be validated at http://portal.finance.ohiou.edu/cclookup/cclookup.

Payment Distribution:
The payment will be issued directly to the student by direct deposit or by check. Students should sign any required agreements before a Student Payment Release form is submitted.

Special Note: If a student is to be presented an award at a banquet or ceremony, it is suggested that a certificate of award be presented as the payment will be issued directly to the student once the Student Payment Release Form has been submitted.

Department Information

Department Name

Phone Number

Contact Name

Email

If the award is currently established as an account with the Office of Student Financial Aid and Scholarships, the department will be contacted to complete a College and Academic Department Scholarship Recommendation Form. Otherwise, the award will be disbursed directly to the student according to award guidelines or program procedures.

Awards issued by check are valid for 180 days. Uncashed checks will be returned to the account number charged.

Please send completed form to: Office of the Bursar (010 Chubb Hall) or College of Osteopathic Medicine for Medical students.

By signing this form, I am certifying that sufficient funds are available in the account designated above and that scholarship or award guidelines are followed .

Signature: _____ Date: _____

Print Form

Office Use Only

Grants & Contract Accounting

Reviewed: _____

Office of Student Financial Aid

Reviewed: _____

☐ Resource

Office of the Bursar

Item Type