

AY 2019 - 2020



STUDENT LOAN REFUND REQUEST

STUDENT ID#: _____

NAME: _____

ADDRESS: _____

Please determine which of the statements below is applicable. Select ONLY one by entering your initials to the left of the statement and printing your name in the space provided to the right of your initials. PLEASE - sign and date.

I, _____, request that Savannah Law School release any excess funds directly to me, the student, via my bank account on file with the law school.

I, _____, request that Savannah Law School return any excess funds to my lender.

Student signature

Date