

Mail checks to:
ECMC - Customer Service
PO Box 16408
St. Paul, MN 55116-0408

ECMC Disbursement Services School Refund Form

School Name: _____

O.E. Code: _____

Student/Borrower Information:

| | |
|-----------------------------|------------|
| Student Name: _____ | SSN: _____ |
| PLUS Borrower Name: _____ | SSN: _____ |
| Loan Period: _____ to _____ | |

Refund Amounts:

| | | School Use: |
|-----------------------|----------|-------------|
| Unsubsidized Stafford | \$ _____ | _____ |
| Subsidized Stafford | \$ _____ | _____ |
| PLUS | \$ _____ | _____ |
| Total Refund | \$ _____ | _____ |

Current Enrollment Information:

| | | | |
|--|-----------------------|---|-----------------------|
| <input type="checkbox"/> Full Time | Effective Date: _____ | <input type="checkbox"/> Withdrawn | Effective Date: _____ |
| <input type="checkbox"/> Half Time | _____ | <input type="checkbox"/> Not Eligible | _____ |
| <input type="checkbox"/> Less Than Half Time | _____ | <input type="checkbox"/> Never Enrolled | _____ |
| <input type="checkbox"/> Leave of Absence | _____ to _____ | <input type="checkbox"/> Graduated | _____ |
| <input type="checkbox"/> Other | _____ | | |

Action Required / Loan Information:

| |
|---|
| <input type="checkbox"/> Cancel remaining disbursements. |
| <input type="checkbox"/> Cancel this disbursement only. Subsequent disbursement will be made. |
| <input type="checkbox"/> Reissue on _____. |

Contact Name: _____ Phone: _____ Date: _____