

**Office of the Bursar**

27 Memorial Drive West

Bethlehem, PA 18015-3093

(610) 758-3160 Fax (610) 758-3033

Email: bursar@lehigh.edu

March 17, 2017

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | LIN | |  |  |
| request a refund in the amount of $ | |  | | | for the credit balance on my Lehigh | | |
| University Bursar Account. I understand the credit is from a combination of 529 funds and | | | | | | | |
|  | | | (Could be Federal loans, Grants, etc). | | | | |
| I understand there may be income tax implications caused by this refund and agree to share | | | | | | | |
| this information with the owner(s) of the 529 tuition savings fund account(s). | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Signature |  | Current Semester |

|  |  |
| --- | --- |
|  | I am the 529 account holder |
|  |  |
|  | I am not the 529 account holder |