



CREDIT RELEASE VOUCHER

(To Be Used For All Applicable Semesters During the 2010-2011 Academic Year)

Please make sure you have accomplished the following before you submit this form:

1. Executed any outstanding Promissory Notes
2. Replied accepting Institutional Financial Aid Award
3. Returned Self Certification Form (for BU loan recipients)
4. Completed Entrance Counseling
5. Endorsed any credit-based private loan checks

PLEASE PRINT

BU ID NUMBER: U _____ SCHOOL: MED SDM SPH

FULL NAME (Last, First Name): _____

Please hold check for pick up at 881 Commonwealth Avenue: YES NO

Please mail my check to: _____

NOTE: OSFS can only approve up to the amount of credit available in your student account. If you anticipate additional payments/disbursements for a semester, OSFS will release those funds as the proceeds are credited to your student account.

THE PROCESS MAY TAKE APPROXIMATELY 5 TO 10 BUSINESS DAYS BEFORE YOU RECEIVE A CHECK.

Student Signature Date

FOR OFFICE USE ONLY

Approved By Date

THE OFFICE OF STUDENT FINANCIAL SERVICES
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BOSTON, MA 02118-5116
1-877-776-6243 / (617) 638-5130
www.bumc.bu.edu/osfs/webforms