



Financial Balance Hold Release Request

Student ID:

Date:

Student Name:

ONID E-mail:

Describe the situation that led to the Financial Hold being placed on your account:

Describe your plan to pay your current balance:

Please attach an additional sheet if more space is needed.

Note: It is recommended that you apply for Federal Financial Aid (FAFSA).

Yes, I have applied for Federal Financial Aid (FAFSA).

No, I have not applied for Federal Financial Aid (FAFSA).

Financial Balance Hold Release Appeal Instructions

Petition Requirements:

- Balance must be in excess of \$50.00 and less than \$2,200 and not in collection with the Oregon Department of Revenue.
- Student Status: You must be good academic standing with Oregon State University–Cascades.
- Financial Aid: It is recommended you apply for Federal Financial Aid to be considered for approval. If you are not eligible for financial aid, please provide a statement of your financial need.
- Documentation: Include any appropriate documentation which supports the reason for your request, along with any information you believe would be helpful to the committee in making their decision.
- Please return the completed form and any documentation to the Enrollment Services Desk in 106 Tykeson Hall or scan and email to **CascadesAdmit@osucascades.edu**

The Review Process:

- Petitions are considered only in the case of unexpected circumstances. Members of the appeal committee will consider your petition based on:
 - a) the seriousness and duration of your hardship;
 - b) whether it was beyond your ability to control;
 - c) other relevant documentation
- Appeals can be submitted only once, and the decision of the committee is final. The Financial Appeal Committee represents the only appeals process for Financial Balance Hold Releases at Oregon State University–Cascades.

By signing below, I certify that all information is true and correct to the best of my knowledge:

Signature

Date

You will be notified by e-mail of the results of the review committee

OFFICE USE ONLY - DO NOT FILL-IN BELOW THIS LINE

Review Date: _____

Approved

Denied

Reason: