



# Student Account Balance Adjustment Form

Northwest-Shoals Community College  
Office of Fiscal Affairs  
P.O. Box 2545, Muscle Shoals, AL 35662  
2080 College Road, Phil Campbell, AL 35581

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Type of Aid & Adjustment Amount

\_\_\_\_\_  
Date of Request

Banner Comment Entered \_\_\_\_\_ NO \_\_\_\_\_ YES

Specific reason for adjustment of the student account balance after it was sent to outside Collection Company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand this student account balance had been approved prior to being sent to the outside Collection Agency.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

**Approval Signatures:**

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Dean of Admissions

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comptroller

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date