



Cashier's Office/Student Accounting

MAIL MY REFUND REQUEST FORM

Dear Student:

If you have a refund showing on your student account which you have not already received and would like your refund check **mailed** directly to you **at your permanent address as listed on your student record**, please fill out this form and return it by fax to:

NB Students	732-932-1893	Livingston Students	732-445-3690
Camden Students	856-225-6017	Newark Students	973-353-1498

Please make sure your correct address is showing on your student record in the registration system.

If you want your refund check mailed, you must complete:

I certify I am enrolled for ___ credits for the ()Fall ()Spring ()Third Term semester at Rutgers University in school _____.

I have: please circle one

Housing (Yes) or (No)	If Yes, (Dorm) or (Apt.)
Dining (Yes) or (No)	If Yes, (285) (255) (210) (150) (105) (75) (50)
	Debit Card Amount \$_____

If you are a Financial Aid student and you want your refund check mailed, you must also complete:

To the best of my knowledge I accepted \$_____ of financial aid and I am eligible to receive a refund check.

All students must complete and sign the following:

If adjustments are made to my account or financial aid funds after I receive a refund check, it is my understanding that I will be responsible for any balance or additional charges that appear on my account. If my enrollment terminates (either officially or unofficially) before the end of a given term and I am a recipient of TITLE IV financial aid funds and/or state funds, I acknowledge I may owe funds back to the Financial Aid Program and I will make the necessary repayment.

By signing below, I certify that the above information is correct.

Signature

Date

Refund Amount

Print Name

RU ID#

RU E-Mail Address

Please note: Any detail questions regarding your refund can only be discussed with you **IN PERSON**.