

REFUND/EXCHANGE REQUEST – Complete and email to park@brockport.edu

Please circle: Refund or Exchange

DATE _____

NAME: _____ BANNER ID: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CITATION OR PERMIT TYPE/# _____ AMOUNT REQUESTED: _____

IF PERMIT, WAS IT PURCHASED ONLINE: ____ OR IN THE OFFICE: ____ PAY METHOD: _____

REASON FOR REFUND/EXCHANGE: _____

IF YOU ARE NO LONGER A STUDENT, HAVE YOU FORMALLY WITHDRAWN FROM ALL
YOUR CLASSES ____ YES ____ NO

REQUESTED by: PHONE: _____ EMAIL: _____ LETTER _____

CUSTOMER SIGNATURE: _____

To be completed by staff only:

Request Received by: _____ *Date:* _____

EXCHANGE for: ____ *Orange Commuter* ____ *Evening Commuter*
 ____ *Resident Red* ____ *Resident Yellow* ____ *Resident Purple*

Refund Type:

Banner: _____

Return done in Flex _____

Credit put on Student Bill _____

(if no balance is owed to student, email student account to make them aware of the credit on the student's account. _____

Nelnet: _____

Refund done in Nelnet – Print two copies for next day reconciliation: _____

Returned done in Flex - Pay out account balance to Nelnet refund: _____

Office: _____

Refund done in Flex: Pay out account balance to voucher: _____

Entered on spreadsheet to be sent to Student Accounts for their action for the refund: _____