

REFUND/EXCHANGE REQUEST

DATE _____

NAME _____ BANNER ID _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITATION OR PERMIT # _____ AMOUNT REQUESTED _____

IF PERMIT, WAS IT PURCHASED ON LINE _____ OR IN THE OFFICE _____

PAY METHOD USED _____

REASON FOR REFUND/EXCHANGE _____

IF YOU ARE NO LONGER A STUDENT, HAVE YOU FORMALLY WITHDRAWN FROM ALL YOUR CLASSES _____ YES _____ NO

SIGNATURE _____

To be completed by parking services staff only:

Request Taken/Received by: _____ Date: _____

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: _____