

La SALLE UNIVERSITY GOLD CARD ACCOUNT REFUND REQUEST

A / P USE ONLY

I - Student Information

STUDENT'S NAME		UNIVERSITY I.D. NO.	GRAD YEAR
PERMANENT ADDRESS - STREET		APT. NO.	REQUESTED DATE OF REFUND
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
CAMPUS ADDRESS - BUILDING		ROOM/APT	CAMPUS PHONE NO. (215)

In accordance with my Gold Card Account Agreement, I understand that all refunds will be in the form of a check mailed to the my permanent address of record.

CARDHOLDER'S SIGNATURE X	DATE
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II - Gold Card Account Office Use Only

REMARKS		
APPROVAL	EFFECTIVE DATE	REFUND AMOUNT

III - Bursar's Office Use Only

REMARKS	
APPROVAL	DATE APPROVED

451-1103

DISTRIBUTION:

White - Accounts Payable; Canary - Bursar; Pink - Gold Card Account Office; Gold - Cardholder