



Student Financial Services
2200 Bonforte Blvd.
Pueblo, CO 81001

Phone: (719) 549-2181
Phone: (719) 549-2753
Fax: (719) 549-2088

REQUEST FOR REFUND

Student's Information

NAME
LAST _____ FIRST _____ PID _____

DIRECT DEPOSIT/PICK UP AT CASHIER'S OFFICE
** If you have direct deposit your refund will automatically deposit*

CHECK/MAIL TO: _____

REASON FOR CREDIT:

PLEASE NOTE: This request is NOT a guarantee of payment. Student Financial Services will determine if you are eligible for a refund. No refunds will be processed until current semester add/drop date has passed. PLEASE ALLOW TWO WEEKS FOR PROCESSING. By signing the document you understand all terms and conditions.

REQUESTED BY: _____ **DATE:** _____

Office use

DESCRIPTION:

CREDIT AMOUNT: _____

PREPARED BY: _____ **DATE:** _____

APPROVED/DENIED BY: _____ **DATE:** _____

APPROVED:

DENIED:

DISBURSED BY: _____ **DATE:** _____