

Request for Refund

**Request for refunds are subject to an audit of the student account.
During peak times, a refund may take 4 to 6 weeks to process.**

Step 1	Student Information				
Last Name			First Name		
Address			City		
State		Zip Code		Country	
UB E-mail			Day Phone Number		

Step 2	Which of the following are you requesting a refund for? (Check all appropriate boxes)			
<input type="checkbox"/>	TAP - NYS Tuition Assistance Program	<input type="checkbox"/>	Tuition Waiver	
<input type="checkbox"/>	Scholarship	<input type="checkbox"/>	Other (Please Explain):	

Step 3 Refund Payment Option

Make Refund Check Payable To (Check one):

Student (Refund check will be made out to and sent to address listed in Step 1)

Other (Refund check will be made out to this person. Complete information below)

Last Name			First Name		
Address			City		
State		Zip Code		Country	

Step 4 Credit Card Overpayment Information:

Credit Card Type <i>i.e. Visa, Master Card, etc</i>			
Credit Card Number		Expiration Date	

Step 5 Student Signature: _____ Date: _____

RETURN FORM TO:

Student Academic Records & Financial Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631
(716) 645-2450, Toll free: 866-838-7257, FAX: (716) 645-7771, E-mail: src@buffalo.edu

Office Use Only

Initial _____ No. _____ Date _____ Per. _____ Date _____