



Cashier's Office/Student Accounting

**MAIL MY REFUND REQUEST FORM**

Dear Student:

If you have a refund showing on your student account which you have not already received and would like your refund check **mailed** directly to you **at your permanent address as listed on your student record**, please fill out this form and return it by fax to:

NB Students 732-932-1893  
Camden Students 856-225-6017 Newark Students 973-353-1498

Please make sure your correct address is showing on your student record in the registration system.

**If you want your refund check mailed, you must complete:**

I certify I am enrolled for \_\_\_ credits for the ( )Fall ( )Spring ( )Third Term semester at Rutgers University in school \_\_\_\_\_.

I have: please circle one  
Housing (Yes) or (No) If Yes, (Dorm) or (Apt.)  
Dining (Yes) or (No) If Yes, (285) (255) (210) (150) (105) (75) (50)  
Debit Card Amount \$\_\_\_\_\_

**If you are a Financial Aid student and you want your refund check mailed, you must also complete:**

To the best of my knowledge I accepted \$\_\_\_\_\_ of financial aid and I am eligible to receive a refund check.

**All students must complete and sign the following:**

**If adjustments are made to my account or financial aid funds after I receive a refund check, it is my understanding that I will be responsible for any balance or additional charges that appear on my account. If my enrollment terminates (either officially or unofficially) before the end of a given term and I am a recipient of TITLE IV financial aid funds and/or state funds, I acknowledge I may owe funds back to the Financial Aid Program and I will make the necessary repayment.**

**By signing below, I certify that the above information is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Refund Amount

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
RU ID#

\_\_\_\_\_  
RU E-Mail Address

**Please note:** Any detail questions regarding your refund can only be discussed with you **IN PERSON**.