



BOOK VOUCHER REFUND REQUEST FORM

Student Financial Services
CASS Building
1735 Wahnish Way
Suite 103
Tallahassee, Florida 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@fam.u.edu

Year: _____ **Term(check one):** Fall Spring Summer

Print Full Name: _____, _____ Student ID: _____
(Last) (First)

Student Address: _____ (Street Address) _____ (Apt #)
_____, _____ (City) _____ (State) _____ (Zip Code)

Phone Number: _____ Email Address: _____

Please answer the following questions below by selecting YES or NO:

Do you have a credit balance on your RattlerCard resulting from an unused book voucher? **YES NO**
Is your direct deposit information or mailing address current? **YES NO**

PLEASE NOTE: If you have a balance on your account, the proceeds from the unused book voucher will be applied to the balance in iRattler. Refunds are processed on Monday of each week.

Explanation: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Request: Approved Denied **Amount:** \$ _____

Comments: _____

Assistant Controller's Signature: _____ Date: _____

Balance deleted from RattlerCard/Charge Adjusted via iRattler? Yes No

Signature: _____ Date: _____