



**Dragon Dollar
Refund Form**

Name of DragonCard holder/Customer: _____

University ID Number: _____

Signature: _____

Amount of Refund: \$ _____ **Date of Request:** _____

Reason for Refund:

- Graduation Withdrawal (Please attach copy of withdrawal form.)

Upon validation of the refund request, the DragonCard Office will submit a check request to the Comptroller's Office for the amount of the requested refund. The Comptroller's Office will apply the requested refund to the DragonCard holder's student account. Provided there are no outstanding charges on the student's account, the DragonCard holder will receive the refund in full from the Comptroller's via US mail. If there are outstanding charges on the student account, the refund will be applied to those charges. By signing this for, you represent that all the information you have provided is accurate and complete. You further acknowledge that you have read the terms and conditions of the refund request, understand the terms and conditions and agree to such terms and conditions.



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