



EAST TENNESSEE STATE UNIVERSITY

Campus ID Services

iDBUC\$ REFUND REQUEST

Reason for Request:

Graduation

Withdrawal from University

Exiting Employee

Other

Please be Specific

DATE

Account Holder's Name:

Campus ID #

Phone #

Mail Refund To:

Street or P.O. Box

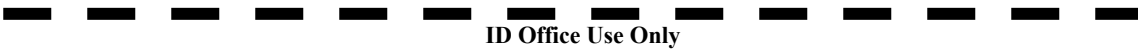
| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip |

AMOUNT REQUESTED: \$

A refund check will be mailed to the address above within (15) working days. A \$5.00 processing fee will be deducted from your account. The processing fee is waived for graduating students and exiting employees.

Please sign here:

Signature of ID BUC\$ Account Holder



ID Office Use Only

Refund Request Processed by: _____ Date Processed: _____

ID BUC\$ Balance before Refund \$ _____

Processing Fee \$ _____

Amount of Refund Check \$ _____

ID BUC\$ Balance after Refund \$ _____

Debit Account E110001-79990-25040-999 Credit \$ _____

Processing Fee to Account E758877 \$ _____

PLEASE ISSUE CHECK FOR THE AMOUNT OF: \$ _____

Approved By: _____ Date: _____