

AP.TYPE-SRF

\_\_\_\_\_  
Voucher Number

BARNARD COLLEGE BURSAR  
3009 Broadway, NY, NY 10027-6598

STUDENT REFUND REQUEST

PLEASE PRINT

STUDENT NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

MAKE PAYABLE TO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

LOCAL TELEPHONE # \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_ REFUND TO BE: PICKED UP or MAILED

PAYMENTS MADE BY CREDIT CARD WILL BE REFUNDED TO THE CARD.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW LINE

\_\_\_\_\_  
(FOR OFFICE USE ONLY)

AR.TYPE \_\_\_\_\_ REFUND TO BE ISSUED \$ \_\_\_\_\_

I.D. # \_\_\_\_\_ TERM \_\_\_\_\_ AR CODE \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_ FA APP \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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