



For office use only:

Term of original charge _____

Date Processed _____

REQUEST FOR REFUND

Credit Offset

DATE: _____

STUDENT ID or LAST FOUR SSN#: _____

NAME (Print): _____

REFUND INFORMATION:

Amount of Refund Request _____

Original Date of Refund _____

Check # of Original Refund (if known) _____

CURRENT CONTACT INFORMATION:

Mailing Address _____

Email Address _____

Phone Number _____

CERTIFICATIONS:

- I understand I will receive the refund through my e-refunding account set up in Nelnet or at the address I have provided above.
- I understand my request can take up to **30 days to process**.

By checking this box and indicating my full name below, I verify this document is accurate and complete.

Signature _____

Student Financial Services
Hyer Hall, Room 104
PO Box 88 | Whitewater, WI 53190
Email: sfs@uww.edu or cashiers@uww.edu