

REFUND REQUEST

☐ Faculty ☐ Student ☐ Other				
PERSONAL INFORMATION (ple	ease print)			
Hokie Passport No.	Name			
Local Address	City		State	Zip
Reason for Refund (be specific)				
Refunds are processed according to the made by cash will be refunded as a chec for payment. Refund checks will be made weeks. If the refund is unable to be app issued by the university, will be request For full permit refunds, the permit must	ck. Credit card payment de payable to the perso died back to the card in ted and received within at be returned to the off	ts are credited back to in listed above and ge nitially used for the tra the time frame above fice within ten days af	o the credit care enerally received ansaction, a mare e. fter the purchas	d that was used d within four to six nual refund check, se date to qualify
for a 100 percent refund. After ten days refund schedule.	•	-		_
Note: Any unpaid citations outside of the balances owed to Parking and Transport				or outstanding
Signature		Date		
FOR OFFICE USE ONLY				
Date Received		Clerks Initials	<u> </u>	
	PERMIT MUST B	E ATTACHED		