



JacksCard Office

JDE Refund Request

MINIMUM \$25

Please complete all portions of this form and submit to the JacksCard Office: University Union, Room 115 or P.O. Box 6026, Flagstaff, AZ 86011-6026

Incomplete forms will not be accepted.

Please Print Legibly

Name: _____
Last First Middle

Student ID Number: _____

Mailing Address: _____

Phone Number: _____

Reason for Refund:

☐ Graduation

☐ Withdrawal

☐ Other (Please Explain)

Refund Amount Requested: _____

Student's Signature

Date

Office Use Only

Refunded Amount: _____

Refunded By: _____

Date: _____