

CAL POLY HUMBOLDT



Request for Refund

Please submit completed forms to Student Financial Services Cashier's Office—SBS Room 285 or mail to Cal Poly Humboldt—Cashier's Office 1 Harpst St. Rm 285, Arcata. CA 95521. Refunds will be processed within 14 days to the original form of payment (check or credit card).

****For a parking permit refund, please attach permit to back of page.****

Name: _____ HSU ID: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

I request a refund of fees paid for: _____

Reason for request: _____

By signing below, I understand that debts owed to the University may be withheld from any refund due to me. Refunds will be mailed to the address listed above unless otherwise specified. For quicker payment processing, sign up to receive your refund via direct deposit, in lieu of a check. Navigate to your Student Account via myHumboldt to sign up.

Requester's Signature: _____ Date: _____



For Office Use Only

Refund Type: _____

Refund total: \$

Chartfield	Account	Fund	Dept. ID #	Program	Class	Project

Manager Approval: _____ Date: _____

Student Financial Services Use:

Receipt # _____ or Attach Screen Print Date _____

Parking Permit # (attach permit) _____ Adj _____ % SFS Initials _____

Accounts Payable Use:

Refund Amount \$ _____ Date _____

Check # _____ or Direct Deposit _____ A/P Initials _____