

# Refund Request Form-Students CobyCash/Downtown Dollars

To request a refund fill out this form and return to:

**Address:** CobyCard Office  
SUNY Cobleskill  
112 Knapp Hall  
Cobleskill, NY 12043

**Fax:** (518) 255-5154

**Email:** [cobyCard@cobleskill.edu](mailto:cobyCard@cobleskill.edu)

Refunds are issued upon withdrawal from college or at the end of the spring semester. Checks will be issued for the balance of the account and mailed to you when all campus bills are satisfied. Minimum refund is \$10.00. Checks will be mailed two to three weeks after graduation.

**Student Name:** \_\_\_\_\_

**Student ID Number:** 800- \_\_\_\_\_ - \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address for Check:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Comments or Concerns:** \_\_\_\_\_

\*\*\*\*\*CobyCard Office Use Only\*\*\*\*\*

**CobyCard Office Assistant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

