



University and Student Billing Office
101 Braddock Road
Frostburg, MD 21532-2303
(301) 687-4321
FAX NUMBER (301) 687-4592
E-Mail : billingoffice@frostburg.edu

Student's social security number _____

Your statement of account reflects a \$ _____ credit balance. Please complete and return the form below in order to process your refund.

I request a refund of my overpayment to Frostburg State University be refunded by:

_____ **Credit balance to my Bobcat Express account**

_____ **Check**

_____ **Mail to permanent address**
requires signature below

_____ **Pick-up check in the**
Student and University Billing Office
requires signature below
picture I.D. required at pick-up

PLEASE PRINT

Student's Name

Date

SIGNATURE REQUIRED TO PROCESS REFUND

Student's signature