

COBY CASH REFUND REQUEST FORM:

To request a Coby Cash account, completely fill out and return this form to:

CobyCard Office
SUNY Cobleskill
112 Knapp Hall
Cobleskill, NY 12043 or **FAX (518) 255-5154**

Refunds are issued upon withdrawal from college or at the end of the spring semester. Students leaving mid semester will have their meal plans prorated with the remaining coby cash.

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.

Date: _____

Student Name: _____ Student ID# **800**-____-____-____

Mailing Address for check: _____

Telephone Number: _____

Comments or concerns: _____

Student Signature: _____

CobyCard Office Use Only:

Date request received _____ Date sent for disbursement _____