



Wisdom to make a difference.

# Refund Request Form

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
Street Address City State Zip Code

Telephone # \_\_\_\_\_ MyKSC e-mail \_\_\_\_\_ @ksc.keene.edu

Anticipated Refund Amount\* \$ \_\_\_\_\_ Semester/Year \_\_\_\_\_

\*Refund checks will be calculated using all available funds; figure stated is not a guarantee of the final amount of the check.

Make Check Payable To (if other than student) \_\_\_\_\_

☐ Mail to address listed above

☐ Mail to alternate address (please list): \_\_\_\_\_

I understand that funds listed as **pending** and **deferred**, which have not been disbursed to Keene State College, will only be available for refunding after KSC receives actual payment from the funding source. I further agree that if I am granted a leave of absence or withdraw from KSC, I may be responsible for returning all or a portion of the funds contained in this refund, and that failure to do so may result in external collection proceedings, including additional collection fees and legal action.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Completed forms may be submitted to the Student Accounts Office:

- Bring to Student Accounts Office and put in the locked drop Box  
The drop box mail slot is located in the door to the left of the Student Accounts customer service window.
- Scan and e-mail the form to studentaccounts@keene.edu
- Inter-Office mail : Student Accounts MS 2603  
Bring in an envelope to the KSC mailroom
- Us Mail : Keene State College  
Student Accounts Office  
229 Main St  
Keene< NH 03435-2603