



**Bod Buck Refund Request Form  
Ichabod Service Center**

**Part I - Student Information**

Student Name:	
WIN:	
Address:	
	Street Address <span style="float: right;">Apt No.</span>
	City, State <span style="float: right;">ZIP</span>
Telephone:	
E-Mail:	

**Part II - Refund Information**

Reason for Requesting Refund:	
Today's Date:	
Amount Requested:	\$

**Part III - Approval**

**Acknowledgements and Authorizations:**  
 Please refund the amount requested above from my Bod Bucks account. I understand that this amount will be applied to my student account maintained at the Business Office, and that any outstanding University obligations will be deducted from the Bod Buck refund I am requesting.

I also understand that my Bod Buck refund will be refunded to me via direct deposit if specified by me in IBOD. Otherwise, a check will be cut and mailed to the address listed above.

In addition, a \$15.00 processing fee will be charged for all Bod Buck refunds. This fee is waived for those students requesting a refund of book bucks originally added by the Business Office for the purchase of books.

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

**FOR ICHABOD SERVICE CENTER USE ONLY**

Charge student \$15.00 processing fee?  YES  NO

\_\_\_\_\_  
*Prepared By (Ichabod Service Center Employee)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approved By* \_\_\_\_\_  
*Date*

**FOR BUSINESS OFFICE USE ONLY**

\_\_\_\_\_  
*Posted to Student Account By* \_\_\_\_\_  
*Date*

Business Office Comments

\_\_\_\_\_