

# KSIS/HRIS PERMIT RETURN or EXCHANGE

Name: \_\_\_\_\_

WILDCAT ID# \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

CITY	STATE	ZIPCODE
------	-------	---------

Permit #: \_\_\_\_\_

Type of Permit Needed: \_\_\_\_\_

**Reason for Return/Exchange:**

\_\_\_\_ Resigned      Date \_\_\_\_\_

\_\_\_\_ Retired      Date \_\_\_\_\_

\_\_\_\_ Other, Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Please fill out this form completely. Any refund due will be processed within 2-4 weeks. Refund proceeds will be used as a credit toward any unpaid charges on your parking account. KSIS Refunds will be posted to your student account or your credit card, if applicable. Faculty/Staff refunds will be mailed to the address on this form, or deposited to a bank account previously registered with KSU Division of Financial Services.

**NO REFUNDS WILL BE PROCESSED FOR LESS THAN \$20**

<b>FOR OFFICE USE ONLY</b>	Customer UID # _____
Date Received _____	Received by _____
Permit # _____	Cancelled ____ Exchanged For Permit # _____ Adjusted _____
Credit Card Type: _____	Process Date _____ Pay Deduct Stopped _____ Credit Applied <input type="checkbox"/>
Total Refund \$ _____	Receipt# _____ Date _____ CI _____