

## **ClipperCash Refunds**

Student Name		Student I.D Number
Address:		
Address		City
State		Zip
Phone Number		Date of Request
Reason for leaving un	iversity:	
Graduated:	Withdrawn:	Transfer:
Graduated: V	LI	Transfer:
Other:	te University and re	Transfer:equest my ClipperCash balance to be refunded
Other:I am leaving Salem Staminus the \$10 service of	ate University and recharge.	equest my ClipperCash balance to be refunded
Other:I am leaving Salem Staminus the \$10 service of	ate University and recharge.	equest my ClipperCash balance to be refunded
Other: I am leaving Salem Sta	ate University and recharge.	equest my ClipperCash balance to be refunded
Other: I am leaving Salem Staminus the \$10 service of Signature:  For ClipperCard Office	ate University and recharge.	equest my ClipperCash balance to be refunded  \$
Other: I am leaving Salem Staminus the \$10 service of Signature:  For ClipperCard Office	ate University and recharge.	equest my ClipperCash balance to be refunded

Please mail the completed form to: The Student Navigation Center Salem State University 352 Lafayette Street Salem, MA 01970