

CLIPPERCARD

ClipperCash Refund Request Form

First Name _____ Last Name _____

Student ID Number: _____

Date of Request: _____

Mailing Address: _____

City / Town: _____

State: _____

ZIP Code: _____

Reason for leaving university:

Graduated:

Withdrawn:

Transfer:

I am leaving Salem State University and request my ClipperCash balance to be refunded.

Signature: _____

*Allow six weeks process time for reimbursements.

Please email the completed form from your student email account to:

clippercard@salemstate.edu

Forms will not be accepted any other way, and all refunds will be processed through university payables in the form of a mailed check. Enter your address correctly above.