

Camel Cash Refund Request

CONNECTICUT COLLEGE

Camel Card Office

Name on Camel Card Account: _____ Camel Card Number: _____

Name of Requester: _____ Relationship to Account Holder: _____

Mailing Address on Record with Connecticut College:

Phone Number: _____ Email Address: _____

Please check one of the following reasons for your refund request:

- Graduating from Connecticut College as of _____
Graduation Date
- Withdrawing from Connecticut College as of _____
Withdrawal Date
- No longer employed by Connecticut College as of _____
Separation Date
- None of the above; however, I am requesting a refund in the amount of \$ _____

Refunds are by check only and will be mailed to the official address on record with the College.
Accounts with less than a \$1 balance or have been inactive for one year or more are not entitled to a refund.

My signature certifies that I am entitled to request a refund from the Camel Cash account listed above.

Signature: _____ Date: _____

Return this form to:

Accounting Office
Connecticut College
270 Mohegan Ave
New London, CT 06320

Fax: 860-439-2095
Email: camelcash@conncoll.edu

Updated: 05/13/2019

For Office Use Only

Camel Cash Balance: _____ Date Request Received: _____

Amount of Refund: _____ Refund Authorized By: _____