

SECURITY DEPOSIT REFUND REQUEST FORM

Upon graduation, each student is required to complete the "Security Deposit Refund Request Form" for reimbursement of the refundable security deposit. Students should get clearance from the library and the Business Office and return completed form to Records.

Name:		
Last	First	Middle
UB ID Number(s):		
Address:		E-mail:
Telephone: Home:	Work:	Cell:
Graduation Date:	Programme:	
Student's Signature:		Date: Day/Month/Year
LIBRARY		BUSINESS OFFICE
Date Cleared		Date Cleared
Official's Name		Official's Name
Official's Signature		Official's Signature
Comments:		Comments:
	RECORDS DEPAR	TMENT USE ONLY
This is to certify that the above-1 Deposit refund.		ed by the Records Department and is eligible for the Security
Director, Records:		Date:
	BUSINESS OFFI	CE USE ONLY
Cheque Prepared By:		Date:
Cheque Verified By:		Date:
Cheque Number & Date:		