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
Date Cleared _____________________________
Official’s Name ____________________________
Official’s Signature __________________________
Comments: ______________________________

BUSINESS OFFICE
Date Cleared _____________________________
Official’s Name ____________________________
Official’s Signature __________________________
Comments: ______________________________

RECORDS DEPARTMENT USE ONLY
This is to certify that the above-named student has been cleared by the Records Department and is eligible for the Security Deposit refund.

Director, Records: _____________________________ Date: _____________________________

BUSINESS OFFICE USE ONLY
Cheque Prepared By: _____________________________ Date: _____________________________

Cheque Verified By: _____________________________ Date: _____________________________

Cheque Number & Date: ____________________________________________________________