



GoPrint Refund Request Form

Amount being requested for refund: \$ _____

First Name: _____ Last Name: _____

Current Mailing address: _____

Current Daytime Phone number: () _____

Aims ID #: A _____

Web Services Username: _____
(required item-request will not be processed if not provided)

By signing below, you are agreeing to the following terms and conditions.

- All fields above must be completed or your request will be delayed in processing.
- Refund request must be completed by the student
- Refund check will be issued only to the student
- Refund check will be mailed to the address indicated above.
- Refund request is submitted within one year from the date of the last semester you attended.
- Request will be processed generally within 14 days of submission to the Greeley Cashier's office. Please allow additional time for the postal delivery.

X _____
Signature *(required)* _____ date

Financial Services

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Date received: _____

Go Print balance \$ _____

Date approved: _____

Go Print documentation attached: Y or N (circle one)