Email: Paw.Pass@csn.edu Phone: 702-651-4925 Web: pawpass.csn.edu

## **Paw Pass Closure & Refund Request Form**

Full Name	:: NSHE ID:
Phone:	Email:
Mailing A	ddress:
	equest a refund of the remaining monies in my Paw Pass account after a \$10 processing fee.
•	Student/Employee exit status will be confirmed by the Paw Pass Office before any action is taken.
•	There must be a minimum of \$10.00 in Coyote Cash or Cub Grub to receive a refund.
•	A processing fee of \$10.00 will be charged to your Paw Pass account when issuing a refund.
•	Monies deposited by the College of Southern Nevada as credit are not eligible for a refund.
•	A request form must be completed, including signature, and returned to the Paw Pass Office.
•	A check will be mailed via U.S. Postal Service within 2-4 weeks. Cash withdrawals are not permitted.
•	If the check is returned to the wrong address and an accurate forwarding address isn't provided, the monit will be forfeited.
•	Your Paw Pass account will be <i>closed</i> within 48 business hours of submitting this request and you will no longer have access to Paw Pass holder services and account.
□ Gr □ W □ Re	r request: aduating thdrawing/Transferring tiring/Resigning her (pending approval)
I have red request.	d and understand the above policies and procedures concerning this Paw Pass closure & refund
Refund An	nount: Signature: Date: