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

Paw Pass Closure & Refund Request Form

Full Name	e: NSHE ID:	
Phone:	Email:	
Mailing A	Address:	
	request a refund of the remaining monies in my Paw Pass account after a \$10 إ	processing fee.
•	Student/Employee exit status will be confirmed by the Paw Pass Office before any ac	tion 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 r	efund.
•	Monies deposited by the College of Southern Nevada as credit are not eligible for a r	efund.
•	A request form must be completed, including signature, and returned to the Paw Pas refund can be processed.	s Office before a
•	A check will be mailed via U.S. Postal Service to the mailing address provided during within 2-4 weeks after the request is received. Cash withdrawals are not permitted.	the form submission
•	If the check is returned to the wrong address and an accurate forwarding address is r monies will be forfeited. Your Paw Pass account will be <i>closed</i> within 48 business hours of submitting this re will no longer have access to your Paw Pass holder services and account.	•
☐ Gr. ☐ Wi ☐ Re ☐ Ot	or request: raduating /ithdrawing/Transferring etiring/Resigning ther (pending approval) ad and understand the above policies and procedures concerning this Paw Pas	s closure & refund
request.	mount: Signature: Date:	