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THE STATE UNIVERSITY OF NEW JERSEY

# RUTGERS

Bursar's Office/Student Accounting  
329 Cooper Street  
Camden, NJ 08102  
Phone (856)225-6021 Fax (856)225-6017

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Dear Student:

Your refund check is now available for pick-up. Please come to the **Bursar's Office, 329 Cooper Street, Camden.** Hours are Monday – Friday 8:30 AM to 4:00 PM. **BE SURE TO BRING A VALID RUTGERS STUDENT ID CARD.** Your refund check will not be released without a proper valid Rutgers student ID.

Any questions regarding your refund can only be discussed with you **IN PERSON.**

If you would like your refund check **mailed** directly to you **at the address we have on record,** please fill out the bottom portion of this letter and return it in the enclosed envelope.

Sincerely,

Camden Campus  
Bursar's Office

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If you would like your refund check mailed to you, please complete this form and return to:

*Rutgers, The State University of New Jersey  
Bursar's Office  
329 Cooper Street  
Camden, New Jersey 08102-1519*

I certify I am enrolled for \_\_\_ credits for the ( ) Fall ( ) Spring ( ) Summer at Rutgers University.

I have: Please circle one  
Housing (Yes) or (No) If Yes, (Dorm) or (Apt)  
Debit Card (Yes) or (No)

To the best of my knowledge I have \$\_\_\_\_\_ of financial aid and I am eligible to receive this financial aid refund check.

If adjustments are made to my financial aid funds **after** I receive a refund check, it is my understanding that I will be responsible for any balance or additional charges that appear on my account. If my enrollment terminates (either official or unofficially) before the end of a given term and I am a recipient of TITLE IV financial aid funds and/or state funds, I acknowledge I may owe funds back to the Financial Aid Program and I will make the necessary repayment.

By signing below, I certify that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student ID#