



| University of New Haven

Charger Cash Refund Request

Student Name:	
Address You Would Like Your Check Mailed To:	
Student ID #:	
Student Signature:	
Date:	
Banner Index:	Fund 111000
Account:	251002

Return completed form to:

**Business Office
Charger Cash Refund
300 Boston Post Road
West Haven, CT 06516**

Please note all refunds will be issued in the form of a check and mailed to the address you have listed above. All refunds will be less a \$15.00 processing fee. Please allow 10-14 business days for processing.