



REQUEST TO MAIL FINANCIAL AID REFUND

NAME: _____ **DATE:** _____

FALCON ID: W _____

SEMESTER (ONE TERM ONLY): _____

**I GIVE UWRF PERMISSION TO MAIL MY FINANCIAL ASSISTANCE
REFUND CHECK TO THE FOLLOWING ADDRESS:**

SIGNATURE: _____

**MAIL THIS FORM TO: CASHIERS - UWRF
 217 NORTH HALL
 410 S. THIRD STREET
 RIVER FALLS WI 54022-5001**

**-OR-DROP IN THE CASHIER'S OFFICE DEPOSITORY BOX (ROOM 217,
NORTH HALL)**

-OR-FAX TO 715-425-3390