BEAR BUCKS REFUND REQUEST FORM

You may request a refund of the remaining balance on your R’Card debit account if you have graduated or separated from the university. Please fill out this form completely and clearly to ensure the timely turn-around of funds.

1. DATE of Request: ____________________

2. First, Middle, Last: ____________________________________________________________
   Please print

3. R’CARD # 6012 - _______ - _______ - _______
   16 digit number starting with 6012

4. STUDENT / STAFF ID #: ______________________________________________________
   9 digits

5. EMAIL: ________________________________________________ & PHONE # ____________________

6. REFUND ADDRESS: ____________________________________________________________
   _____________________________________________________________
   Street Address, City, State, Zip

   • All balances below $5.00 will not be refunded. A $5.00 processing fee will be deducted from your account before the balance is refunded.
   • If there are outstanding charges on an existing Student Account, they must be paid before refunds are issued.
   • Refunds will be issued by Campus Accounting. Please give ten to fourteen business days from the date the form is submitted to the arrival of your refund check.

-------------------------------------------------------------------------------------
Cardholder Signature                       Date

Submit form:
Mail: UCR Card Office, 900 University Avenue, Riverside, CA, 92521
Fax: (951)827-2235
Email: cardingoffice@ucr.edu

For office use only: Date received: ______ Account Balance: $_______ Received by: _________