REFUND/EXCHANGE REQUEST – *Complete & Email to park@brockport.edu*

Check one: Refund: ☐ Exchange: ☐

DATE: _____ **REQUESTED BY (check one):** PHONE ☐ EMAIL ☐ LETTER ☐

NAME: _____ **BANNER ID:** _____

ADDRESS: _____**CITY:** _____ **STATE:** _____ **ZIP:** _____

CITATION or PERMIT: _____ **AMOUNT REQUESTED:** _____

IF PERMIT, PURCHASED (check one): ONLINE ☐ IN THE OFFICE ☐

PAY METHOD: _____ **REASON FOR REFUND/EXCHANGE:** _____

IF NO LONGER A STUDENT, HAVE YOU FORMALLY WITHDRAWN FROM ALL CLASSES: Y☐ N☐

I verified by checking the parking portal, I do not have an outstanding obligation with the parking office.

CUSTOMER SIGNATURE: _____

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To be completed by staff only:

Request Received by: _____ *Date:* _____

EXCHANGE for: ____ *Orange Commuter* ___ *Brown Evening Commuter*
____ *Resident Red* ___ *Resident Yellow* ___ *Resident Purple*

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Refund Type:

Banner: _____
Return done in Flex: _____
Credit put on Student Bill: _____
(if no balance is owed to student, email student account to make them aware of the credit on the student's account: _____
Added to log: _____

Nelnet : _____
Refund done in Nelnet – Print one copy for next day reconciliation: _____
Returned done in Flex - Pay out account balance to Nelnet refund: _____

Office: _____
Refund done in Flex: Pay out account balance to voucher: _____
Entered on spreadsheet to Student Accounts for their action for the refund:_____

Feb 2026 jf