

BEAR BUCKS ACCOUNT CLOSURE FORM

Name:			Student ID
Address:			
Phone #			
Please select your			nt:
Graduation	Withdrawal_	0	ther
Signature		Da	ate
	pproved, it will take app		not be released until payment is ks for processing and mailed to the
<i>OFFICE USE ONLY</i> Amount due KU: \$		_ Graduation/Wi	thdrawal Date
Enrolled for term:			
Balance	Closure Fee	Refu	nd
Approved: KU Card Of	fice	Date	9