



Rensselaer

Academic Computing Services
Voorhees Computing Center

ACS Refund Request Form

Name: _____ Date: _____

Social Security Number: _____

UserID: _____

Telephone Number: _____

Date and Time of Job: _____

Operating System (UNIX, Win, Mac): _____

Lab Location (VCC N, Sage 3101, etc.) _____

Description of problem and reason for refund request. (Please attach header page and printout.):

.....

FOR ACS USE ONLY:

Refund request reviewed by: _____ Date: _____

Resolution: _____

Amount of refund: _____ Refund request completed by: _____

Requester notified of resolution: Yes _____ No _____