



REBATE CHECK RELEASE FORM

BURSAR'S OFFICE
ENROLLMENT SERVICE CENTER

8000 YORK ROAD
TOWSON, MARYLAND 21252-0001

OFFICE USE: SRB NO _____

DATE: _____

STUDENT'S NAME: _____

STUDENT'S EMPLID: _____

CHECK AND COMPLETE APPROPRIATE SEMESTER

FALL 200__

SPRING 200__

SUMMER 200__

**THIS AUTHORIZES TOWSON UNIVERSITY TO RELEASE MY REBATE CHECK BY MAIL
MY MAILING ADDRESS IS:**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

SIGNATURE: _____

DATE: _____

**PLEASE RETURN TWO SIGNED COPIES OF THE COMPLETED FORM TO THE BURSAR'S OFFICE.
THANK YOU**