

Student B# _____

Student Name _____

Semester _____



Office of Student Accounts
P.O. Box 6003
Binghamton, NY 13902-6003

ADMINISTRATIVE/LATE FEE (\$30) APPEAL FORM

The balance due on the billing statement is due in full by the due date. Failure to pay the balance due results in a \$30 fee. This appeal will not be considered unless your statement balance is paid in full

If you believe there were extenuating circumstances beyond your control that prevented you from making payment by the due date, briefly state the circumstances (if needed, please use the back or attach a separate sheet):

Student Signature _____ Date Submitted to Student Accounts ____/____/____

Completed written appeals will be accepted at the Office of Student Accounts only. Please allow 10 business days from submission date for processing. Check "Current Activity" on QuikPAY adjustments on your account.

For Office Use Only

Decision: _____ APPROVED _____ DENIED

Note to student: _____

Staff Signature: _____

Date: _____