

Morgan State University

Office of the Bursar
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REFUND RELEASE FORM

SECTION A

Date:	Check Number:
Student Name:	
Account Number:	Check Amount:
Verified by:	Transmittal Date:
Comments:	

SECTION B

Date:	Student Signature:
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SECTION C

Date:	A/R Balance:
Check Amount:	Receipt Number (if necessary):
Cashier's Signature:	
Comments:	