

Office of Revenue, Receivable, and Cashiering Services

Cash Only Hold Appeal Form

PANTHER ID: - - - - -

This form serves as an appeal for a Cash Only Hold to be removed from my account. I understand that this hold was placed on my account due to three or more returned checks. I would like to appeal this decision. I understand that this is a one-time appeal. I also understand that incomplete and inaccurate information will delay processing.

Instructions:

1. All students must read, complete, and sign this form
2. Return this form to: **Office of Revenue, Receivable, and Cashiering Services**
33 Gilmer Street, Sparks Hall – 1st floor, University Cashier windows
OR
Email: returns@gsu.edu
3. You will be contacted by email within 2-3 business days confirming an approval or denial.

This appeal is for: FALL _____ SPRING _____ SUMMER _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Have you submitted a previous appeal at GSU? _____

Reason(s) for this appeal:

Student's Signature _____

Date _____

Office Use Only:

Date of most recent returned check: _____

Approved _____ Denied _____ Comments _____

Approver Signature _____ Date _____