Request for Refund of Fines or Fees

This request for the library to refund charges must be received within 90 days of the billing date. Requests will be reviewed by Library Administration. Please allow 30 days for processing.

Borrower's Information

Name: _____ _____
(Last Name) (First Name)

UF-ID: _____- _____ Library Card #: **2**_____

UF Email Address: _____

Description of the charges being appealed: _____

Explanation of the extraordinary circumstances why the charges should be waived or adjusted: _____

Please attach substantiating documentation including a copy of your bill.

Signature: _____ Date: _____

Mail to: **George A. Smathers Libraries**
University of Florida
PO Box 117000
Gainesville, FL 32611-7000

Fax: 352-392-7251