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**Office of Revenue, Receivable, and Cashiering Services**

**Cash Only Hold Appeal Form**

**PANTHER ID**:

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This form serves as an appeal for a Cash/Credit Only Hold to be removed from my account. I understand that this hold was placed on my account due to two or more returned payments. I would like to appeal this decision. I 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 University Cashier window (any campus)**

 **OR**

 **Email:** **returns@gsu.edu**

1. 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 payment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved **\_\_\_\_\_\_\_** Denied **\_\_\_\_\_\_\_** Comments **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approver Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**