

## **WKU Store Charge Dispute Form**

Name		WKU ID	
Address			
City	State	Zip Code	
Email*			_
*All decisions will be delivered			
Term of Appeal		_	

Instructions for Dispute:

- 1) Attach a typed letter explaining the reason(s) that you dispute the WKU Store charges to your account for the specified term.
- 2) Attach a copy of all relevant documentation supporting your reason for dispute.
- 3) Include your WKU ID number and current contact information (home address, telephone number, email address).
- Email completed form, typed letter and supporting documentation to <u>collections@wku.edu</u> or mail documents to:

Western Kentucky University, Collections Office 1906 College Heights Blvd, #11023 Bowling Green, KY 42101-1023

## **IMPORTANT:**

- Please submit all documents at one time.
- This form is for WKU Store Charges only.
- Inability to pay will not be considered as a reason for dispute.
- Your name and WKU ID number must be on all correspondence.

## Acknowledgment

By signing this request, I acknowledge the following:

- I have attached my typed letter explaining the reason I dispute the WKU Store charges.
- I have provided all the essential documentation that supports my reason for dispute.
- I understand that I am requesting the University to conduct a thorough investigation of my account.
- I understand that completion of the above requirements does not guarantee approval, but rather makes the dispute eligible for review.
- I understand that if my book charge dispute is approved, I may still owe a balance to WKU depending upon other charges.
- The decision of the WKU Store Charge Appeals Committee is final.
- The information I have provided is correct to the best of my knowledge.

A signed application shall act as a student's release of information and consent to review academic, financial aid, registration, medical documentation and other records of information that are related to the dispute. I also agree all information is correct and accurate. Falsified information will be grounds for immediate denial of the dispute.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	
BURSAR AUTOYN_ Date:	ApprovalYN
3500 In Store Charge	Ву:
AMOUNT \$ Term:	Date:
3501 Day One Charge	
AMOUNT \$ Term:	
	NOTES:
Banner SAL	
Decision emailed	