

Printing Refund Request Form

St. Mary's College of Maryland

Please fill out, attach to print job(s) in question, and bring to the One Card Office located in Margaret Brent Hall.

Date: _____ Amount of Requested Refund: _____

Student's Name: _____ Student's ID #: _____

Location the print job(s) were attempted from: _____

Reason: (If other, please provide a brief description on the line provided.)

☐ No Print ☐ Paper Jam ☐ Poor Quality Print

☐ Other: _____