**Binghamton University**
Student Accounts Office
P.O. Box 6003
Binghamton, NY 13902-6003

B- Number_____

Name (print neatly)_____

# APPEAL FORM

☐ Non-Payment Fee ☐ Extended Payment Fee

If you believe there were extenuating circumstances beyond your control that prevented you from making payment on or before the deadline, please complete the following: (please print or write neatly)

Campus P.O. Box _____ Term _____

Local Address _____

_____

Please state the extenuating circumstances **beyond your control**:

Student Signature _____ Date Submitted to Student Accounts ____/____/____

For Office Use Only Decision: (circle one) APPROVED DENIED

Note to student: _____

_____

_____

_____

_____

_____

_____

Signature:_____ Date: _____

Completed written appeals will be accepted at the Student Accounts Office ONLY.
A copy of this form with a decision, as well as any refund if applicable,
will be sent to your permanent address. Notification for campus residents will
be sent to P.O. Boxes. Please allow up to 3 **weeks** for processing.