

New York University
NYU Card Services
VTS REFUND AND MALFUNCTION REPORT

Building: Vanderbilt Hall

Building Address: 40 WASHINGTON SQUARE SOUTH

Date of Incident: _____

Time of Incident: _____

Describe the incident in detail: _____

Amount Lost? _____

Name of Patron Experiencing Problem (Please Print) _____

NYU UNIV ID Number _____

Law Visitor Card Number _____

Address _____

Telephone Number _____

Signature of person requesting refund _____

Once completed, please fax this form to (212) 995-4531. For further information, contact NYU Card Services at 212 443-CARD. Thank You.

Staff use only: Please provide all the necessary information below to ensure refund processing.

Date Report Received: _____

Staff Member Name (Please Print) _____

Copy cards are non-refundable.

Please
Staple
Receipt
Here