

# COFRIN LIBRARY FINES APPEAL FORM

Date of Appeal: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred method of contact:  Phone  E-mail

Would you like to meet with the committee in person?  Yes  No

University ID #: \_\_\_\_\_

Status:  Undergraduate  Graduate  Faculty  Staff  Community Member

**Reasons and justification for appeal; Please be specific. Without accurate or sufficient information, the appeal cannot be processed. All appeals will be answered within 2 weeks of the date submitted.**

Title(s) in question: \_\_\_\_\_  
\_\_\_\_\_

Due date(s): \_\_\_\_\_ Date returned: \_\_\_\_\_

Amount being disputed: \$ \_\_\_\_\_ Who returned the materials? \_\_\_\_\_

Where were the materials returned to?  Circulation Desk  Plaza Desk  
 Outside book drop  2<sup>nd</sup> Floor inside book drop  Concourse level book drop  
 Reserves book drop  Reference Desk

Specific information important to the appeal:

Please use back of form if more space is necessary

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For Office Use Only

Committee Decision:  Appeal Accepted  Appeal Denied  Other: \_\_\_\_\_

Patron notified by:  Phone  E-mail  Mail

Date of notification: \_\_\_\_\_