

FINES APPEAL FORM

(Prior to completing, read the *Fines Appeal Policy*)

Last Name: _____ First Name: _____

Barcode No.: _____ Student/Staff No.: _____

Trent Email: _____ Fines amount being appealed: \$ _____

Please indicate the reason for appeal. Be as specific as possible and attach any documentation to support the appeal.

Signature: _____ Date: _____

Received by: _____ Date: _____

