

**Library Card Reimbursement Request**

**Prior to purchasing a local library card, please contact Marta Lee at 757-352-4174 ([martlee@regent.edu](mailto:martlee@regent.edu)) for information on reimbursement.**

Student Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

School: \_\_\_\_\_

Cost of Library Card: \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE ATTACH YOUR RECEIPT OF LIBRARY CARD PAYMENT to this form and mail both to:

Mrs. Ellen Cox, Assistant to the Dean  
Regent University Library  
1000 Regent University Drive  
Virginia Beach, VA 23464

You may also fax the form and the receipt to Ellen at (757) 352-4167.

A reimbursement check will usually be mailed within two weeks of receipt of this form and your receipt.

If you have questions about your reimbursement, please contact Ellen at (757) 352-4170 or email [ellecox@regent.edu](mailto:ellecox@regent.edu).

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FOR STAFF USE ONLY :

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration verified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reimbursement check mailed date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Notes: \_\_\_\_\_