

**Portland State University
Brandford Price Millar Library
Circulation Department**

PETITION FOR WAIVER OF LIBRARY CHARGES

Date: _____ Library Card Barcode/Student ID #: _____

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Card: PSU () Friends () Challenge ()

Other _____

I hereby petition the library for a refund/waiver of the following charges:

Lost Book Charges \$ _____ *Overdue Fines* \$ _____ *Service Charges* \$ _____

Date of Bill: _____

Please give a full explanation of your request for waiver. Be specific and provide clear and compelling reasons for waiving any charges. Attach a copy of the overdue notice or billing statement. In the case of an extended illness or injury, please attach a physician's statement.

Patron's signature: _____ Date: _____

Patron will receive a response within seven working days from receipt of petition.
For inquiries, please call (503) 725-4425

Date received: _____ Staff Initial: _____