

Studentenwerk SH  
Finanzbuchhaltung  
Westring 385  
24118 Kiel

## Campus Card Return

(Please fill out the application and send it with the Campus Card to the Studentenwerk SH with sufficient postage)

Last Name, First Name:

Street:

Zip code, City:

E-mail Address:

University or Office:

Campus Card No.:

IBAN:

BIC:

Date:

Signature:

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*To be completed by Studentenwerk Schleswig-Holstein:*

Card Value:

Deposit (card is present and intact):

Refund amount:

Remarks:

Processed by/at: