

**Meal Plan Cancellation**

\_\_\_\_\_ **Term (Fall or Spring and year)**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**CLARION ID** \_\_\_\_\_

**By signing this form I give the Residence Life Office permission to cancel my meal plan. I understand any unused flex dollars will be removed from my account at the time of cancellation. There is no refund for unused flex dollars. Please return this card to the Center for Residence Life Services, 218 Becht Hall, Clarion University of PA, Clarion, PA 16214.**

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For office use:  Processed \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_\_ Staff Initials