|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s details** | | | | | | | | | | | |
| Forename: | | | |  | | | | | | | |
| Surname: | | | |  | | | | | | | |
| Student or library number: | | | |  | | | | | | | |
| GCU email address (if applicable): | | | |  | | | | | | | |
| Personal email address: | | | |  | | | | | | | |
| Phone number: | | | |  | | | | | | | |
| External posting URL: | | | |  | | | | | | | |
| Internal posting URL: | | | |  | | | | | | | |
| Dispute details | | | | | | | | | | | |
| I am asking you to waive my fines for (please tick): | | | Medical reasons | | | Personal reasons | | | | Other reasons | |
| **Please tell us the dates you are disputing fines from:** | | | | | |  | | | | | |
| **I am being fined or am in dispute over these items:** | | | | | | | | | | | |
| **I have scanned and sent these documents (please tick):** | | **None** | | | **Medical:** GP certificate or letter, or Self-Certificate | | | **Personal:** statement from GCU staff member | | | **Other:** self-return receipt or printout of self renewal screen |
| **Please tell us why you think we should waive your fines or why you want to dispute an item on your library record:** | | | | | | | | | | | |
| Declaration: | | | | | | | | | | | |
| I declare that all the information submitted in this form is true: | | | | | | | | | | | |
| **Signature:** |  | | | | | | **Date:** | |  | | |