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| **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:** |  |