

Request for Refund

ATTENTION: Return this form to Treasurer's Office

Refund can take two (2) - to - four (4) weeks to process depending on verification requirements.

A refund check is hereby requested for the following person:

Student
Name: _____

Parent
Name: _____

Address: _____

City/State: _____ Zip Code: _____

Amount of
Refund: _____

Account deducted from fund: _____

Reason for
Refund: _____

Originator's Signature

Date

Approved By:

Treasurer

Date

Superintendent

Date