



Colby Sawyer
College

Request for a Refund Check

Date:

Student Name:

Student ID #:

Check Request Amount:

Cell Phone # or email:

Signature: _____

****If credit is due to a Parent Plus loan, the parent must sign this form and indicate instructions for refund****

Please choose one:

Pick up _____ Campus Mail: _____ Mail: _____

Payable to: _____

Mailing Address: _____
