



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:

Campus mail box #: \_\_\_\_\_ Mail: \_\_\_\_\_

Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_