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:** _____box#_____,

Mail: _____

Payable to: _____

Mailing Address: _____

_____