



REQUEST FOR REFUND
DOWNEY ADULT SCHOOL

Date: _____

PLEASE PRINT:

Name: _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____ Date of Birth: _____

Class Name: _____ Teacher: _____

Amount Paid: \$ _____

For Student Initiated Refund Requests:

I understand that D.A.S. may issue a refund, less a \$50 (CTE) or \$10 (all other classes) processing fee, if the request is made prior to the third class meeting. There are no refunds on textbooks or uniforms. If approved, refunds will be received within 4 to 6 weeks of request.

Student's Initials

Reason for Refund: _____

* Must have receipt attached *

FOR OFFICE USE ONLY

Invoice No.: _____

Approved: Yes ___ No ___

Student ID: _____

By: _____

Start Date: _____

(Administrator)

Table with 2 columns: Department Entries, Initials. Rows include Book Fee, \$50/\$10 Processing Fee, Hours Attended, Teacher Notified, Financial Aid Notified, and Approved: Yes/No.

Amount Refunded:

Fee(s) Paid: \$ _____

Adjustment(s): \$ _____

Total Refund/(Due): \$ _____

Charge to account number: 11.0 06390.0 00000 00000 8671 628 (Dept.)

Refund issued: [] To original Credit Card, [] Revolving check, [] Imprest check # _____

Accounting Dept. Verification _____ Date: _____ (Initials)

Entered in ASAP _____ Date: _____ (Initials)