

Today's Date: _____

Parent or Guardian Name**: _____

** Refund payment will be made payable to this individual (if handwritten, please print legibly).

Street Address: _____

City State Zip Code: _____

Day Time Phone#: _____

Email Address: _____

Student ID#: _____

Student Name: _____

School Name: _____

Payment Date: _____

If exact payment date is not known, please provide approximate month/year payment was made on line above.

Refund Amount: _____

Reason for Refund:

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I CERTIFY THAT THIS REFUND IS DUE AND PAYABLE AND THAT PRIOR CLAIM HAS NOT BEEN MADE.

Parent or Guardian Signature: _____

Allow 4-6 Weeks for Processing (if payment made by check).

A \$30.00 processing fee may apply.

RETURN COMPLETED REFUND REQUEST FORM TO : refund@tempeunion.org

(Save this completed form to a file and then send the file as an attachment to the refund@tempeunion.org email)