

Community Services Department
REFUND REQUEST FORM



Instructions:

- Please follow these steps.
- (1) Complete this form in its entirety.
 - (2) Sign this form where indicated.
 - (3) Attach the LAVC Community Services Receipt to this form.
 - (4) Please mail this completed form with the required attachments to:
LAVC Community Services Department
5800 Fulton Avenue
Valley Glen, CA 91401-4096
Attention: Refund Request
OR FAX TO: 818.947.2930

Refund Policy:

Refunds are available if requested at least five (5) working days before the first class meeting. If you are requesting a refund less than five (5) working days before the class meeting, please write a detailed explanation in the "Special Circumstances" space provided on this form, or attach another sheet of paper. If accepted, your refund (credit card, cash, or check) will be processed within 2-6 weeks. A \$10.00 refund fee will be charged. If you have questions, call (818) 947-2577, extension 4172. Please note: The Community Services Office can not be held responsible for lost or misdirected mail. You may wish to call us after sending your request to ensure that we have received it.

Student Last Name: _____ First Name: _____

Address _____ City _____

Zip Code: _____ Day Phone () _____

I would like a refund for:

Class ID # _____ Course Name _____ Class ID # _____ Course Name _____

Class ID # _____ Course Name _____ Class ID # _____ Course Name _____

Class ID # _____ Course Name _____ Class ID # _____ Course Name _____

Reason for Refund: _____

Special Circumstances to be Considered if Request is Less Than 5 Working Days Before First Class Session:

Signature of Student or Parent (required)

Date

For Community Services Department Use:

<input type="checkbox"/> Refund Granted	Total Paid: \$ _____	Less Withdrawal Fee: \$ _____	Total Refund: \$ _____
<input type="checkbox"/> Refund to Credit Card	Date Processed _____	Date Customer Informed _____	
<input type="checkbox"/> Refund by Check	Date Processed _____	Date Check Mailed _____	
<input type="checkbox"/> Refund to Customer Account	Date Processed _____	Date Customer Informed _____	
<input type="checkbox"/> Refund Denied	Reason: _____		

Credit Voucher Provided Amount: \$ _____ CS Manager Initials/Date: _____