

# 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:**

Refund Granted    Total Paid: \$ \_\_\_\_\_    Less Withdrawal Fee: \$ \_\_\_\_\_    Total Refund: \$ \_\_\_\_\_

Refund to Credit Card    Date Processed \_\_\_\_\_    Date Customer Informed \_\_\_\_\_

Refund by Check    Date Processed \_\_\_\_\_    Date Check Mailed \_\_\_\_\_

Refund to Customer Account    Date Processed \_\_\_\_\_    Date Customer Informed \_\_\_\_\_

Refund Denied    Reason: \_\_\_\_\_

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