College of DuPage Continuing Education 630-942-2208

## **Parent Refund Form for Youth Academy Students**

Applies to students under 18 years of age

All credit balance refunds for Continuing Education courses (including course cancellations, student drops, etc.) are issued in the name of the student associated with the enrolled course. If the payment was made by credit card and the credit balance refund is issued within 60 days of payment, the refund will be processed back to the credit card. If the refund is issued more than 60 days from the payment date, the refund will be issued via check and will be issued in the student's name. In order to pick up the check, the student will need to present two forms of ID. If the parent is picking up the check on the student's behalf, the parent must present two forms of ID, as well as proof of payment (credit card used to pay for the course or the receipt associated with the payment). In the event the last name of the parent or guardian does not match the last name of the student, supplemental identification may be required prior to the check being distributed. If the check is not picked up or the identity of the person picking up the check cannot be determined, the check will be mailed to the address on file.

To have the check issued in the parent's name and to ensure timely and accurate processing of credit balance refunds, this form must be completed no later than one week after the payment is made for the course.

	Student Information	
Student Last Name	Student First Name	Middle Initial
Student Date of Birth	Student ID	Term Attending
	Parent Information	
Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	
Permanent Address – Street, (	City, State, Zip Code	
Phone Number	Email Address	Relationship to Student
If you <b>DO NOT</b> authorize the r	efund to be issued back to the credit card or stude	ent account, please check this box.
Parent Signature		Date

Please submit the form to:

College of DuPage, Continuing Education – SRC 1110 425 Fawell Blvd., Glen Ellyn, IL 60137 FAX (630) 942-3785