

Centenary College of Louisiana

REFUND REQUEST FORM

I understand there is or might be a credit balance left in my student account

*Payment received by credit card will be credited back to the same credit card.

(Please check one of the following options:)

_____ Please **Hold** the credit in my account until I request it in writing.

_____ Please **Transfer** the credit in my account to:

_____ Amount: \$ _____

_____ *Please **Process a refund** and mail it to my Campus Box.

_____ Campus Box # _____

_____ *Please **Process a refund** and mail it to the following address:

_____ Street or Post Office Box _____

_____ City _____ State _____ Zip Code _____

Date: _____

Name: _____

ID #: _____

Signature: _____