



401 15th Street, Suite 201, Oakland, CA 94612
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Request for REFUND

Student Name:			
	<i>Last Name/Family Name</i>	<i>First Name/Given Name</i>	<i>Middle Name</i>
ID Number:		Date of Birth:	____/____/____
ADDRESS:	PHONE NUMBER:		
<i>Number, Street, Apt.</i>			_____
<i>City, State, Zip Code</i>	_____	E-MAIL:	_____
	_____		_____

Allow 10 business days for processing

Please check one: Send by mail Student Pick Up (**Picture ID Required**)

Requested refund amount: \$ _____

SEND THE CHECK BY MAIL TO:

Make the check payable to:

Address: _____

Number, Street, Apt.

City, State, Zip Code

STUDENT SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW. FOR OFFICE USE ONLY.

Refund check prepared by: _____ Date: _____

Refund request received by: _____ Date: _____

Refunded amount: \$ _____

Sent on: _____

Picked Up on: _____