

**COLLEGE OF SAN MATEO
BUSINESS SERVICES / CASHIER'S OFFICE
(650) 574-6412
1700 W. Hillsdale Blvd.
San Mateo, CA 94402**

REFUND REQUEST FORM

PLEASE CHECK ONE OF THE FOLLOWING:

1. **I PAID BY CREDIT CARD** _____

WE WILL REFUND YOUR CREDIT CARD:

CREDIT CARD # _____

EXPIRATION DATE _____

2. **I PAID BY CASH OR MONEY ORDER** _____

WE WILL SEND YOU A CHECK (IN APPROXIMATELY 3 WEEKS)

3. **I PAID BY CHECK** _____

WE WILL SEND YOU A CHECK AFTER THE 30-DAY CLEARANCE PERIOD.

YOUR NAME: _____

STUDENT ID #/SOCIAL SECURITY # _____

TELEPHONE # _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____