

**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.

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**YOUR NAME:** \_\_\_\_\_

**STUDENT ID #/SOCIAL SECURITY #** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

College of San Mateo