

**Parent's Consent for Refund requested**

**To Student Accounts Department :**

I Mr. /Ms \_\_\_\_\_

the mother/father of the student ID # @\_\_\_\_\_

name \_\_\_\_\_

would like to inform you that I have no objection to my son/daughter collecting

refunds from his student account for the

semester Fall / Spring / Summer 20\_\_\_\_\_

Regards

Signature : \_\_\_\_\_

Date : \_\_\_\_\_