



# Refund Request Form

Undergraduate and Seminary/Graduate

Student Name: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

Payable to:  Same as above  
 Other: \_\_\_\_\_

Amount Requested:  Full balance  
 Partial refund: \$ \_\_\_\_\_

Please send the check to: (select one)

My LBC Stop # \_\_\_\_\_

I will pick up check at Solution Center (\*3)

Phone: (\_\_\_\_) \_\_\_\_\_

Mail to address below:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand the following:

1. I (or my parents) will **not** receive this check until all financial aid has been posted to my account ("pending" aid is not yet on my account);
2. Aid may take up to 4-6 weeks to be applied to my account after the start of the term; therefore, my refund may not be available for 4-6 weeks after the term begins;
3. \*Checks are issued **ONCE** a week, on Thursday, after 2 pm; if my account meets the above criteria after the deadline for check requests, my check will be issued the following week; and
4. If additional charges are applied to my account following my refund (i.e. bookstore charges), I will be responsible for said charges to be paid within two weeks.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

## Return to LBC Solution Center

- Electronic: solutions@lbc.edu or FAX 717.560.8213
- Mail: Lancaster Bible College, 901 Eden Rd, Lancaster, PA 17601

**LBC USE ONLY:** Approved by \_\_\_\_\_