

Student Refund Request Form—by Cheque
Third Party and/or Agent Release Authorization

Sheridan ID No: _____

Student Name: _____

() Third Party Request *(This section to be completed if cheque is payable to a third party).*

I hereby give authorization to The Sheridan College Institute of Technology and Advanced Learning (“Sheridan”) to issue my refund to the third party, the individual/organization, who paid my fees for me:

First Name: _____ Last Name: _____

Address: _____

Telephone No: _____

City: _____ Country: _____ Postal Code: _____

Reason (please check one):

- family/guardian/custodian/friend made the tuition payment
- an organization made the tuition payment in the forms of scholarship, loans, etc.

Please note that the refund can ONLY be made to the individual/organization who paid the fees for you and this request is subject to Sheridan’s verification for approval.

I hereby understand that this authorization is optional and voluntary and applies solely for my tuition refund. I acknowledge that this authorization cannot be rescinded, amended, or cancelled once cheque has been cashed. I agree that Sheridan is not liable once this cheque is issued by Sheridan and I acknowledge that Sheridan offers this service as a convenience to students.

() Agent Release Request *(This section to be completed for mailing Instructions ONLY**).*

I hereby give authorization to Sheridan to mail my refund cheque to my agent for pick up at:

Agent Name: _____

Address: _____

Telephone No: _____

City: _____ Country: _____ Postal Code: _____

***Please note this option is ONLY for Mailing instructions. The refund cheque will be payable to the student and student address on file.*

I acknowledge that this authorization cannot be rescinded, amended, or cancelled once the cheque has been cashed. I agree that Sheridan is not liable once this cheque is issued by Sheridan and I acknowledge that Sheridan offers this service as a convenience to students.

Student Signature: _____ Date: _____