



Student Refund Request Form – Third Party Authorization

Sheridan ID No: _____

Student Name: _____

Please note that a refund to a third party 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 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: _____ Postal Code: _____

<input type="checkbox"/> Please issue refund by cheque to domestic address noted above
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OR

<input type="checkbox"/> Please issue refund by bank wire (Note: For wire payments, a Bank Details Form for Wire Transfer is required)

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 I acknowledge that this authorization cannot be rescinded, amended, or cancelled once the wire transfer has been processed by Sheridan’s bank. I agree that Sheridan is not liable once this wire transfer has been processed by Sheridan’s bank and I acknowledge that Sheridan offers this service as a convenience to students.

Student Signature: _____ Date: _____