

REFUND REQUEST FORM

Please fill out this form completely and legibly.

Class Enrolled In: _____

Date: _____

Student Information:

Name: _____

Mailing Address: _____

Physical Address: _____
(if different than mailing address) _____

Phone: _____

Cell Phone: _____

Permit Number: _____
(If you have a Permit)

Information for addressing the Check:

Name Check needs to be addressed to: _____

Address to mail refund to if different than above:

Mailing Address: _____

On the lines below please provide a brief explanation of the reason(s) why you are requesting a refund:

Signature: _____

For Shane's Driving School, LLC use ONLY:

Amount to be refunded: \$ _____

CHECK #: _____

Initials of Staff Refunding \$: _____

DATE: _____

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Website: shanesdrivingschool.net