



# REFUND REQUEST FOR TECHNOLOGY USE FEE

DATE OF REQUEST: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

## STUDENT INFORMATION

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

Student ID: \_\_\_\_\_

Amount to be Refunded \$ \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

\_\_\_\_\_

## PAYEE INFORMATION

Name of Parent/Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Paid via Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_

*Support of original electronic payment must be attached for online refunds.*

\_\_\_\_\_  
SIGNATURE OF REQUESTOR/ADMIN SECRETARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED BY: FCPS PRINCIPAL/ADMINISTRATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED BY: FCPS TECH APPROVER

\_\_\_\_\_  
DATE