

Refund Request Form

Undergraduate and Seminary/Graduate



LANCASTER BIBLE COLLEGE

CAPITAL SEMINARY & GRADUATE SCHOOL

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 and may be picked up on Friday. 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 _____