

LOS ANGELES VALLEY COLLEGE BOOKSTORE
5800 Fulton Avenue, Valley Glen, CA 91401 (818) 947-2313

PETITION FOR REFUND

Name: _____ Student ID #: _____ Date: _____

Contact Information: Phone Number: _____ Email: _____

Title & Author of book(s): _____

ISBN: _____ If a Rental what was Due Date: _____

Date of purchase/rental: _____ Method of payment _____

Do you have the original receipt? Yes No

Did you drop the class? Yes No

Do you have a drop slip? (If yes, please attach) Yes No

Please list below the reasons creating a situation allowing for consideration outside of the standard bookstore refund policy. **PLEASE NOTE:** Please allow at least 24 hours before checking on the status of your petition request. You will receive a response to this petition not more than two weeks from the date received by the College. **The Late Fee will not be refunded.**

Office use only

Date: _____ Approved Not Approved Approver: _____

Comments: