



# COMMUNITY SERVICES

701 Laurel St.  
Menlo Park, CA 94025  
Telephone: 650-330-2200  
Fax: 650-324-1721

**Request for:**  **Transfer**  
 **Refund**  
 **Credit**

**Refund and Transfer Policies:** If you cannot attend an activity or find the class not meeting your expectations, you can request a transfer, refund or credit. Your request will be prorated and assessed as follows: If you choose to transfer or credit, we will apply the prorated amount of your enrollment fee to any other class or leave a credit on your account. Please note that you have one year from the date the credit was applied to your account to use it before it expires. If you prefer to receive a refund, a \$15.00 processing fee will be deducted from the prorated fee based on the date of the request, unless otherwise noted in our publications. If the course is cancelled, you will receive a full refund or you can request to transfer to another class. There are no refunds for non-attendance (no shows) or materials fees.

**Quality Assurance:** We guarantee 100% satisfaction with all of our programs and classes. If you are not satisfied for any reason, please contact us immediately. We will make every attempt to meet the customer's expectations or will provide a refund or credit. You must notify us before the end of the class session to receive a refund or credit.

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Name if different from enrollees)  
Enrollee Name: \_\_\_\_\_  
(First name) (Last name)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Currently Enrolled in:

1) \_\_\_\_\_ / \_\_\_\_\_  
(Class Code) (Course Name)  
\_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
(Begin Date) (Receipt #) (fee paid) (less prorate)  
2) \_\_\_\_\_ / \_\_\_\_\_  
(Class Code) (Course Name)  
\_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
(Begin Date) (Receipt #) (fee paid) (less prorate)

**Processing fee -\$15.00**

**Total Refund \_\_\_\_\_**

**Reason for refund/transfer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Requesting Transfer to:

1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_  
(Class Code) (Course Name) (Begin Date) Class fee  
2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_  
(Class Code) (Course Name) (Begin Date) Class fee

**MC or Visa#:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Approved by:** \_\_\_\_\_  
**New Receipt Number:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_  
**Refund:** \_\_\_\_\_