

ELK GROVE UNIFIED SCHOOL DISTRICT

ADVANCED PLACEMENT FEE REFUND REQUEST

(to be used at school site)

DATE OF REQUEST: _____

PAYABLE TO: _____

ADDRESS: _____

DESCRIPTION: Refund of Advanced Placement Exam Fees

(Student Name and Student ID Number)

ADDITIONAL COMMENTS: (optional)

Bottom portion to be filled out by COHS staff

AMOUNT OF CHECK \$ _____

ACCOUNT CODE: 01-455-2200-0000-0000-0012-0-8699 (AP) \$ _____

REQUESTED BY: _____

APPROVED BY: _____