

Third Party Refund Request

Student's Legal First Name:	
Student's Legal Last Name:	
UNBC Student Number:	
I authorize all funds on my studen	t account, less any processing fees, to be refunded
to (Legal Name of Payee)	who is my (Relation to Student)
	I am fully aware by signing this that my UNBC
Student Account will refunded to t	he named Payee above.
Signature of student:	
Date signed:	