

OFFICE OF THE REGISTRAR

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**FANSHAWE
COLLEGE**



Office Hours: Monday to Thursday 8:30 am to 9:00 PM, Friday 8:30 am to 4:00 PM Telephone 519-452-4277 Facsimile # (519) 453-5021
College Web Address: www.fanshawec.ca

AUTHORIZATION TO RELEASE REFUND TO A THIRD PARTY

(Please print.)

I, _____, _____ authorize the release of my refund
(name) (student #)

to the following person or agency: _____.

Address of the third party _____

I understand that by signing this form that am I releasing Fanshawe College of all legal and financial responsibility concerning my refund once it has been processed and issued to the third party identified on the form.

_____, _____
(student signature) (date)