



INSTRUCTIONAL TELEVISION

Refund

Student Information

Last name: _____

First name: _____

Street Address: _____

City: _____

State: _____ Zip code: _____

Student ID: _____

Telephone: (____) _____

Semester	Year	Units	Item Description	Payment	Date	Total
					Subtotal	
					Amount	

Credit Card Payments only

Credit Card no. _____ Expiration Date: _____ Amount: \$ _____

Signature _____ Date _____

Instructional Television
13356 Eldridge Avenue
Sylmar, CA 91342

Phone: (818) 833-3592
Fax: (818) 833-3598

OFFICE USE ONLY

Date received: _____ Processed: _____ Signed by: _____