

Student Refund Request Form – by Wire
Third Party Authorization

Sheridan ID No: _____

Student Name: _____

I hereby give authorization to The Sheridan College Institute of Technology and Advanced Learning (“Sheridan”) to issue my refund to the third party, the individual/organization, who paid my fees for me:

Please make refund wire payment to: (Note: For wire payments, a **Banking Details Form** is required):

First Name: _____ Last Name: _____

Address: _____

Telephone No: _____

City: _____ Postal Code: _____

Reason (please check one):

- family/guardian/custodian/friend made the tuition payment
- an organization made the tuition payment in the forms of scholarship, loans, etc.

Please note that the refund can ONLY be made to the individual/organization who paid the fees for you and this request is subject to Sheridan’s verification for approval.

I hereby understand that this authorization is optional and voluntary and applies solely for my tuition refund. I acknowledge that this authorization cannot be rescinded, amended, or cancelled once the wire transfer has been processed by Sheridan’s bank. I agree that Sheridan is not liable once this wire transfer has been processed by Sheridan’s bank and I acknowledge that Sheridan offers this service as a convenience to students.

Student Signature: _____

Date: _____