

## Colonial Card Refund Form

Refunds will be issued through a check made payable to the card holder after verification of separation from the College. The check will be mailed via the U.S. Postal Service within 30 days of receipt of a completed Colonial Card Refund Form. The completed form should be sent to:

Community College of Philadelphia  
Attn: Manager of Auxiliary Services, Room M1-3  
1700 Spring Garden Street  
Philadelphia, PA 19130

Questions should be directed to [colonialcard@ccp.edu](mailto:colonialcard@ccp.edu) .

Terms and Conditions related to refunds can be found on the Colonial Card link of the Auxiliary Services website on MyCCP. A \$10.00 processing fee will be deducted from the account balance prior to reimbursement. Accounts with balances below \$10.00 are not reimbursable.

Card holder reasons for refund request (please check one and provide date):

<input type="checkbox"/> I was a student and have graduated.	Date: _____
<input type="checkbox"/> I was a student but have withdrawn. I am not registered for any classes during the current or next term.	Date: _____
<input type="checkbox"/> I was an employee but resigned or retired.	Date: _____
<input type="checkbox"/> I was a student or employee but was dismissed by Community College of Philadelphia.	Date: _____

Print Name as it appears on the Colonial Card: \_\_\_\_\_

College ID number as it appears on the Colonial Card: \_\_\_\_\_

Card holder e-mail address: \_\_\_\_\_

Card holder phone number: \_\_\_\_\_

Mailing Address for refund:

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

For verification purposes, please provide:

Date of Birth    \_\_/\_\_/\_\_  
                  mo da yr

Last 4 digits of social security number \_\_\_\_\_