

Return Authorization

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Course: _____

Dept: _____ Course #: _____ Section: _____

Credit Card # (provide card that was used to purchase books): _____

Expiration Date : _____

Reason for Returning: _____

Book Titles:

1. _____
2. _____
3. _____
4. _____
5. _____

To receive a full refund you must have completed this form and the box must be postmarked before the class starts. Returns that we receive without this form will be bought as buyback unless authorized by a manager. If you drop a class after the class start date you must send a copy of this form and a copy of your drop slip.