



**SACRAMENTO REGIONAL PUBLIC SAFETY  
TRAINING CENTER**

5146 Arnold Ave., Room 110A, McClellan, CA 95652  
916-570-5000 (phone) 916-570-5023 (fax)  
[srcjtc@arc.losrios.edu](mailto:srcjtc@arc.losrios.edu) (e-mail)  
<http://www.arc.losrios.edu/~safety> (web site)



**American River College**  
Los Rios Community College District

**SRPSTC REFUND REQUEST**

To receive a refund for a class fee that has been paid, please complete this form.  
Fax or mail your completed form to the Sacramento Regional Public Safety Training Center.  
**Attn: Deborah Kassis (916) 570-5022. Fax (916) 570-5023.**

Request date: \_\_\_\_\_

Name of Individual to receive refund: \_\_\_\_\_

Daytime phone No.: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Mailing address (refund check will be mailed to this address): \_\_\_\_\_

\_\_\_\_\_

Payment was made by: \_\_\_\_\_ Credit Card; \_\_\_\_\_ Check (Ck # \_\_\_\_\_); \_\_\_\_\_ Cash

Date charge appeared on your credit card or bank statement: \_\_\_\_\_

Amount charged to your credit card or bank account: \$ \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Signature of Individual requesting refund: \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Los Rios Student ID No.: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Class Name and Dates: \_\_\_\_\_