



Saco River Education
P.O. Box 69
Waterboro, ME. 04087
(207)-247-9000 option 5
www.sacorivereducation.com

Refund Request Form

Student Name: _____

Date of Request: _____ (please allow 4-6 weeks for processing request)

****Reminder: Refund Requests are only honored within six months of original registration date.****

Person/Agency Requesting Refund: _____

****Refunds are only issued to the person who made the payment to Saco River Education.****

Agency Contact Name: _____ **Phone:** _____

I would like a: [] check issued **Mail to:** _____

[] credit issued to Saco River Education account