This form will need to be completed only if your child is taking the Credit by Exam for acceleration purposes

Eagle Mountain-Saginaw ISD
PARENT/STUDENT
Refund Request

Student Name: ____

Student ID: _______________

Purpose for refund: Credit by Exam Refund

Amount Due: _____________

Please select the refund method below:

____ Parent/Guardian will pick up the refund.

____ Student will pick up the refund.

The deposit will be returned to the parent/student on the last day of testing. By signing below, you acknowledge that you or your child will receive the cash deposit once he/she completes testing on the final day. Please sign, date, and have your child return this form with