



BRCC BLUE CARD REFUND REQUEST

Please accept this form and attached documentation as my formal request to have my Blue Card balance(s) refunded. I understand that if approved my refund check will be mailed to the current address on file in the BRCC Student Information System (SIS) and/ or HRMS. Refund(s) may be approved provided sufficient documentation is provided for the following reasons:

- Major medical emergency—involving the extended incapacitation/hospitalization of the student documented by a physician’s statement or other medical support. This must be an unscheduled medical emergency; pre-existing conditions are not allowable as a reason for refunds.
- Extreme financial hardship—involving the sudden, unforeseen loss of an extreme nature. An example of such an extreme hardship would be the loss of the student’s home through fire or flood.
- Death of a student’s immediate family member—with certification. Immediate family is defined as father, mother, stepfather, stepmother, spouse, sibling, stepbrother, stepsister, stepchild, or your child.
- Institutional errors by BRCC personnel that cause discrepancies in your account balance.
- A national emergency or mobilization declared by the President of the United States and in accordance with Section 23-9.6.2 of the Code of Virginia.

Emplid ID# _____

NAME: _____
Last First Middle

ADDRESS: _____

SEMESTER: Summer 20____ Fall 20____ Spring 20____

Student Signature Date

Return form to with attached documentation to:
Director of Finance and Facilities
Armstrong Hall—Room 105C or mail to:
PO Box 80, Weyers Cave, VA 24486

Director of Finance and Facilities action:

Refund Approved Refund Approval Declined

Director of Finance and Facilities Signature Date

For Business Office Use Only:

Check# _____ Check date: _____ Amount: _____