

**Office of Workforce Development & Training
Course Refund Request Form**

All items must be completed in order to process the request for a full refund.

Name:	Home Address:
Home Phone:	Work Phone:
Employer/Agency:	
Employer/Agency Address:	
Refund for payment made by Check or Money Order will be sent to the payee at the address provided on this form. Please allow 6 weeks for processing. Please be sure to sign request at the bottom of page.	
Course Title:	Course Date(s):
Amount Paid:	
Payment Method:	
Personal Check or Money Order Number:	Social Security Number:
Agency Check Number:	Federal ID (FEIN) Number:
MD State Agency--Paid by R*STARS Transfer:	
Cur Doc Number:	Federal ID (FEIN) Number:
Reason for Request:	
Signature of Person Submitting Request	Date
<p>Return form to: Office of Workforce Development & Training Behavioral Health Administration Voc Rehab Building 55 Wade Avenue Catonsville MD 21228 Fax: 410-402-8604 Office: 410-402-8575</p>	