



NTSB TRAINING CENTER

CANCELLATION/REFUND REQUEST

Registrant Information

Name (Last, First, Middle): _____

Company/Agency: _____

Current Address (Please circle one: home / work) _____

Phone: _____

Fax: _____

Email: _____

Course and Payment Information

Course Name or ID Code: _____

Course Dates: _____

Amount Paid: \$ _____

Method of payment: Credit Card ___ Check ___ Money Order ___ IPAC ___ Other _____

Amount Refund Requested: \$ _____ (If paid by credit card, please attach a copy of receipt)

Reason for refund request: _____

Date: _____

Email this request to: Studentservices@ntsb.gov

Academy Use Only

Keys#: _____ Approved: _____ Not Approved: _____ Amount: \$ _____

Tuition Credit: Yes No

Registrar/Delegated Official Signature _____

Date _____