ISAC
Illinois Student Assistance Commission

1755 Lake Cook Road
Deerfield, IL 60015-5209
866.247.2172
isac.schoolservices@illinois.gov

GIFT ASSISTANCE PROGRAMS
REFUND CHECK FORM

Please report the dollar amount refunded for each program/year if submitting a single check with funds for **multiple** programs or academic years.

Mail Refund Checks to: Illinois Student Assistance Commission
Attn: Cash Receipts
1755 Lake Cook Road
Deerfield, IL 60015-5209
Payable to: Illinois Student Assistance Commission

To ensure refunds are credited to the correct account (both school and/or student) and the appropriate ISAC gift assistance program, please complete the requested information below.

DATE SENT TO ISAC			
SCHOOL NAME			
MAP CODE /ED CODE/IVG CODE			
PROGRAM(S)			
ACADEMIC YEAR(S)			
VOUCHER NUMBER **(specific to the above academic year)**			
TERM(S)			
REFUND CHECK NUMBER			
CHECK DOLLAR AMOUNT	$		

REASON FOR REFUND

[ ] Returning Amount Due at End of Year: Per ISAC's letter indicating total amount owed.

[ ] Current and/or Prior Year Refund:
- ***Provide the students' names and Social Security numbers (last4-digits);***
- ***Indicate actual credit hours enrolled;***
- ***List dollar amount refunded for each term; and***
- ***State the institution's reason for the refund.***

[ ] External Compliance: ISAC's Finance & Accounting Division will forward a copy of the Final Program Review Report to the appropriate internal department.

[ ] Other Refund: Provide Explanation