# AP Testing

## Refund Request Form

o **Proof of Payment Must Be Attached to This Request (Cancelled Check or Efunds Statement)**

**Print Student Name:**                                 **Grade:**                                 **Student ID#**

_____     _____          _____

**Please list the AP Test(s) you registered for:**

_____

**Print Parent Name:**

_____

**Parent Signature**                                                         **Date:**

_____          _____

**Print Address:**

_____

**District Signature**                                                        **Date:**

_____          _____