

## GIFT ASSISTANCE PROGRAMS CHECK RETURN FORM

To ensure that refunds are credited to the proper account (both school and/or student) and ISAC Gift Assistance program, please include the information requested below with the check.

If you are submitting one check, refunding funds for **more** than one program or academic year, be sure to report the dollar amount being refunded for each program/year.

Please submit all refund checks to:            BFD Division - J10  
ISAC  
1755 Lake Cook Road  
Deerfield, IL 60015-5209

<b>DATE SENT TO ISAC</b>			
<b>SCHOOL NAME</b>			
<b>MAP CODE /ED CODE/IVG CODE</b>			
<b>PROGRAMS (S)</b>			
<b>ACADEMIC YEAR (S)</b>			
<b>TERM (S)</b>			
<b>CHECK #</b>			
<b>AMOUNT OF CHECK</b>	\$		
<b>REASON FOR CHECK RETURN (check one)</b>			
<input type="checkbox"/> Returning Amount Due to ISAC (as shown on ISAC letter indicating total due at end of year).			
<input type="checkbox"/> Current and/or Prior Year Refund – <b>attach a list of student names and social security numbers for whom the payment is being refunded. This list should include for each student: actual credit hours enrolled, amount refunded for each term, and, for IFTC, MTI and RCB, the reason for the refund.</b>			
<input type="checkbox"/> Audit Refund – ISAC’s Compliance Department will forward a copy of the Audit Report to the appropriate Department.			
<input type="checkbox"/> Other – (write in explanation) _____ _____ _____			