

Cancellation Request Form

Students wishing to cancel their registration must submit this form. It may be submitted via

email: registrar@centerforlawenforcementeducation.com
fax: (814) 487-4812
mail: CLEE
PO Box 40
Sidman, PA 15955

First: _____ M.I.: _____ Last: _____

Agency: _____

Phone: _____ E-mail: _____

Course Title: _____

Course Date(s): _____

Course Location: _____ Fee: _____

Reason for cancelling: _____

I would prefer: Credit Refund

If refund

Make check payable to: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Comments/instructions: _____

REFUND POLICY

Complete this form and submit it to CLEE via one of the methods listed above. No cancellations will be taken over the telephone. A 20% administrative fee will be assessed to all refunds if the cancellation request is received within 7 days of the course start date. No refunds will be given for no-shows. Student substitutions are also allowed in lieu of a refund; if you wish to make a substitution please contact us at registrar@centerforlawenforcementeducation.com