

**CANCELLATION AND REFUND  
REQUEST FORM**

**Contract Owner:** Please use this form to cancel and request a refund of your contract. Please review our cancellation and refund policy in the contract before you complete this form, and include any required documentation. For a copy of the refund policy or for further information, please visit our Website: NVPrepaid.gov or contact us at the number below. We require a notarized signature for all cancellations and requests for contract refunds.

**Current Contract Information**

Contract Number \_\_\_\_\_

Purchaser \_\_\_\_\_ SSN \_\_\_\_\_

Student Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone HM (\_\_\_\_) \_\_\_\_\_ WK (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

**Reason for Refund**

\_\_\_ Death or Disability of Beneficiary      Enclose a copy of death certificate or medical documentation.

\_\_\_ Full Scholarship      Enclose a copy of scholarship award.

\_\_\_ Non-Attendance      Student beneficiary will not be attending an eligible institution of higher education.

\_\_\_ Financial Hardship

\_\_\_ Other      Please specify \_\_\_\_\_

**Contract Owner Signature – (Notarized Signature Required)**

*I certify that under the penalty of perjury that I am the legal contract owner, and I authorize this request for the Nevada Prepaid Tuition Program contract indicated above.*

\_\_\_\_\_  
Contract Owner's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes in the instrument.

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

My Appointment Expires \_\_\_\_\_ (stamp or seal)

