

Date: _____

LINCOLN MUSIC DEPARTMENT STUDENT ACCOUNT REVISION REQUEST

INSTRUCTIONS: PLEASE COMPLETE THIS FORM, ATTACH THE STUDENT'S LATEST ACCOUNT STATEMENT WITH NECESSARY DOCUMENTATION AND SUBMIT TO YOUR STUDENT'S TEACHER.

TEACHER: **AMK** **CM** **KM**

STUDENT NAME: _____

PARENT NAME: _____

TELEPHONE #: _____
(IN CASE MORE INFORMATION IS REQUIRED)

___ PLEASE EMAIL REVISED STATEMENT TO:

___ PLEASE PRINT REVISED STATEMENT AND GIVE TO STUDENT.

AREA OF CONCERN (PLEASE CHECK ALL THAT APPLY)

PAYMENT/CREDIT

- ___ **MISSING PAYMENT** (ATTACH COPY OF CHECK OR STUDENT RECEIPT)
- ___ **INCORRECT PAYMENT AMOUNT** (ATTACH COPY OF CHECK OR STUDENT RECEIPT)
- ___ **DOUBLE CREDIT** (PLEASE HIGHLIGHT ON STUDENT STATEMENT)
- ___ **INCORRECT CREDIT AMOUNT** (PLEASE EXPLAIN BELOW)
- ___ **OTHER** (PLEASE EXPLAIN BELOW)

CHARGES

- ___ **MISSING CHARGE** (PLEASE INDICATE CORRECT AMOUNT BELOW)
- ___ **INCORRECT CHARGE AMOUNT** (PLEASE INDICATE CORRECT AMOUNT ON STUDENT STATEMENT)
- ___ **DOUBLE CHARGE** (PLEASE HIGHLIGHT ON STUDENT STATEMENT)

PLEASE PROVIDE FURTHER INFORMATION AS NEEDED:

Mistakes do happen. Thanks for your patience as we work towards correcting them.