



113 Center Road Essex Jct VT 05452
879-6050

Retake or Refund Request Form

Retake dates are announced by each school.
Check with the main office for your retake date.

Original Photos Must Be Returned

Student Name _____

School Name _____

Teacher Name _____

Parent Name _____

Phone _____ Email _____

Notes to the photographer:

To request a refund, please note on this form and return your entire picture order. List your mailing address below for a refund check to be mailed. You should receive your refund within five days of your school retake date.

Street address _____

City/State/Zip _____