



Student Withdrawl Form

By my signature below, I authorize Music Prep LLC to stop any and all automatic payments associated with my account. I understand that I am still responsible for tuition payment ending 30 days from today's date. If I choose not to attend the remaining lessons, I will notify Music Prep LLC and understand that I am not eligible for a refund as stated in the student policies.

Student Name(s) _____

Reason for Withdrawl _____

Student or Parent / Guardian Signature _____

Today's Date _____