



Grants & Contracts
26000 SE Stark Street
Gresham, OR 97030
503-491-7100

MHCC Mountain Card Opt-In Application



I, _____, Student ID _____ would like to participate in the Mountain Card refund process.

I am currently enrolled in _____ term for _____ credits.

I understand that in the future I may be charged a fee if I need to order a replacement card. The current fee amount is \$20, which may be subject to change.

I understand that as soon as I receive the Mountain Card in the mail, I will log on to www.mhccmountaincard.com and choose my refund preference.

Student Signature Date

Address

Return form to: Mt. Hood Community College
Business Office / Grants & Contracts
26000 SE Stark Street
Gresham, OR 97030
Fax: (503) 491-7275

Office Use Only _____

_____ Verified registration for current term
_____ Entered card contact CX