



Refund Request Form

Please Print (illegible forms will delay processing)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

ACCESS or Malley Center Membership Card # _____ E-mail: _____

Refund Requested *(there are no refunds for guest passes or towel service):*

- Intramural Sports (specify the team name, sport, & league):* _____
- Fitness Class Pass* (specify the pass type):* _____
- Malley Center Membership* (specify membership type):* _____
- Locker Rental**

**Medical refunds for fitness classes, Malley Center memberships & locker rentals will be prorated based on the time the refund was requested and the amount left in the term of the initial agreement.*

Signature _____ Date _____

Please allow up to 4 – 6 weeks for processing. All refunds will be mailed to the address provided above if more than 180 days for credit card to be refunded.

For Office Use Only

Approved Not Approved, why _____ (Not approved refunds, notify by email and attach e-mail)

Refund amount to be issued: \$ _____ Approved by: _____

Refund Type: Peoplesoft (QV No.: _____) or Cashnet (if Cashnet: Transaction No.: _____)