



Santa Clara University

# 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: \_\_\_\_\_

Faculty/Staff – are you in Peoplesoft for a quick voucher reimbursement? YES NO UNSURE

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

- Intramural Sports (specify the sport) \_\_\_\_\_
- Aquatics (specify the class) \_\_\_\_\_
- Lifetime Recreation (specify the class)\* \_\_\_\_\_
- Malley Center Membership\* \_\_\_\_\_
- 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 4 – 6 weeks for processing. All refunds will be mailed to the address provided above**

**For Office Use Only**

— Approved — Not Approved, why \_\_\_\_\_ (contact only not approved refunds and attach e-mail)

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