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*

— 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: __________________________