FACULTY STAFF FITNESS REQUEST FORM
Refunds/Credits: Form due to Langton 123 before Friday of week 2!

Name: ___________________________ Date of Request: ________ Method: _____ Office Initials: _____

Current Registration Information: Change to:

<table>
<thead>
<tr>
<th>Change to</th>
<th>Credit ($ )</th>
<th>Refund ($ )</th>
<th>Transfer to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Request: ____________________________________________________________

Payment method:
☐ Online Credit Card, Amount Paid: $______ (No additional Information needed)
☐ Check, Amount Paid: $______, Please fill out additional information below
☐ Cash, Amount Paid: $______, Please fill out additional information below
☐ Card in the office, Amount Paid: $______, Please fill out additional information below

OSU ID#: ______-____-____ Email: __________________________

Campus Address: _______________ Phone: _______________ Type: ☐ Work ☐ Home ☐ Cell

Office Use Only: ☐ Complete & Recorded (_____________)
☐ Date Reviewed: ___________ ☐ Cancelled in Ideal-Logic: _____
☐ Touchnet Refund Submitted (Online Payment): _______ OR ☐ Refund Sent to HSBC (Office Payments): ______
☐ Refund Recorded (Ideal-Logic): ______
☐ Participant emailed Registration Adjustment Confirmation ______

PAYMENT INFORMATION:
Date: ________
Type: ______
Register #: ______
Register #: ______
Z Report#: ______