

Ramsey Student Center Membership Cancellation Request

Must be completed and returned by the 25th of the month to be effective the next calendar month.

Return completed form via email to recsports@uga.edu or fax to 706-542-5590.

| Name: | UGA ID: 81 |
|--|--|
| Payroll Type: | |
| 10-Month Academic | Email Address: |
| | Email Address: |
| 12-Month Monthly | |
| Salaried Biweekly | Phone Number: |
| Hourly Biweekly | |
| | |
| For whom are you canceling? | |
| Requesting to cancel for: Self Deper | ndents |
| Name of Dependents: | |
| | |
| Are you canceling locker/towel service: Yes | es No |
| If yes, locker number: | |
| All change and cancellation requests must be r | assived in the Degreetianal Sports office, 201 |
| | of the month to be effective the next calendar You will receive a confirmation email when the |
| | |
| Authorized Signature | Date |