Health Fee Refund Petition Form

Please complete the following form, attach any pertinent documentation and send to Amy Chadwick, PO Box 642302, Pullman, WA 99164-2302 or fax# 509-335-8214. Credits to your account may take up to 2 weeks.

Name		WSU#	100 1 100 1 100 1 10
Phone number		en men men men met	` 100 100 100 100
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Refund for what semes	ster? Year	☐ Fall☐ Spring☐ Summer	
Section B			
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