FEE FOR CPR CARD REPLACEMENT

TAKE THIS FORM WITH YOU TO THE CASHIER’S OFFICE

PRINT NAME:_____________________________________

REQUIRED FEE:  $5.00
Cashier Office: Please record Fee into MULT account:
10 10 13 14009 53200

PLEASE PROVIDE STUDENT WITH RECEIPT.

THANK YOU.

Peggy Mayo

Peggy Mayo
MULT Coordinator
(614) 287-2608
pmayo@csc.edu

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Replacement CPR cards are prepared only on Mondays and Wednesdays, and will be mailed to you promptly; no cards will be issued to any walk-ins for any reason.

INSTRUCTIONS:

1. Pay the $5.00 fee to the Cashier’s office.
2. Get the receipt to Vanessa Anderson at 375 N Grant, (GA375) by dropping it off, mailing, email, fax, etc. **FAX:** 614-287-6106 vanderso@csc.edu
3. Fill out the bottom portion completely to have your card mailed out.

Name:_______________________________________________
Address:_________________________________________________________________

______________________ ______________________
City                   State                      Zip

Phone:__________________     Email:_____________________
Cougar ID#:__________________________________________
Course No.:__________   Instructor Name:__________________
Date class taken:_____________________________________