

BURSAR'S OFFICE

STUDENT REQUEST FOR INFORMATION

Student Name: _____ Student ID: A _____
Student Address: _____ Phone No. _____
_____ Cell Phone _____
_____ DATE: _____

NOTE TO STUDENT: Please ensure that the Records Office has your most current address on file.
Refund checks and other correspondence are mailed to the address you provide.

I would like to request a copy of the following information (please mark all that apply):

| | | |
|---|----------------|-----------------------|
| _____ Duplicate 1098-T form for tax year _____ | YES ___ NO ___ | Mail? |
| Appropriate forms of identification will be required. | YES ___ NO ___ | Hold to be picked up? |
| _____ Receipt for payment of tuition and fees | YES ___ NO ___ | Mail? |
| Please specify semester or date: _____ | YES ___ NO ___ | Hold to be picked up? |
| _____ A billing statement for reimbursement purposes | YES ___ NO ___ | Mail? |
| Please specify semester or date: _____ | YES ___ NO ___ | Hold to be picked up? |
| _____ Replacement check/original check lost or misplaced | YES ___ NO ___ | Mail? |
| Indemnity bond must be completed. | YES ___ NO ___ | Hold to be picked up? |
| _____ Please hold refund check/payroll check. DO NOT MAIL | YES ___ NO ___ | Mail? |
| Anticipated date to be picked up or mailed: _____ | YES ___ NO ___ | Hold to be picked up? |
| _____ Other Request: | YES ___ NO ___ | Mail? |
| _____ | YES ___ NO ___ | Hold to be picked up? |
| _____ | | |
| _____ | | |
| Requested by: _____ | DATE: _____ | |

OFFICE USE ONLY:

Processed by: _____ Date: _____ Reviewed by: _____ Date: _____
Comments or Special Instructions: _____

Item Requested was ___ mailed or ___ picked up.

STUDENT SIGNATURE: _____ DATE: _____
STAFF SIGNATURE: _____ DATE: _____