



Request for Official Receipt of Tuition and Registration Fee Payments

STUDENT ID # _____

NAME _____
Last First Middle

HOME ADDRESS: _____
Street

City, State and Zip

PHONE NUMBER: () _____ FAX No: () _____

E-MAIL ADDRESS: _____

SEMESTER(S) AND YEAR(S) FOR REQUEST: _____

FEES:			
Qty.	Period	Cost:	Amt. Due
	Current Academic Year	\$0.00	
12530	(The academic year begins with Fall and ends with Summer)		
	Prior Academic Year(s)	\$20.00 per each Academic Year Requested	

COMMENTS: _____

Signature: _____ Date: _____

Please allow 2 to 4 weeks for processing your request, depending on the complexity of the request and periods of high demand. Please include check, money order, or certified check (no cash) if you are sending this request by mail.

Please send my receipt request by (only circle one):

Mail Fax Pick-up

<u>Cashier Office Use Only</u>	
Semester _____	Semester _____
Trans. #: _____	Trans. #: _____
Amount _____	Amount _____
Date Paid: _____	Date Paid: _____
Paid By: _____	Paid By: _____