



Request for Official Receipt of 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) | per each Academic Year Requested | |

COMMENTS: _____

Signature: _____ Date: _____

**Please allow 2 to 4 weeks for processing your request, depending on complexity of request.
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

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