

# ITEMIZED BILL REQUEST



STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TERM: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

PICK-UP: YES \_\_\_\_\_ NO \_\_\_\_\_ MAIL: YES \_\_\_\_\_ NO \_\_\_\_\_

### Delivery Method

- I would like to pick up this letter at the One Stop Center. NOTE: Letters are only held for 2 weeks.
- Please mail this letter to my current address as indicated above.
- Please FAX this letter to ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Please E-mail this letter to \_\_\_\_\_
- Please mail this letter to the address indicated below:

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### OFFICE USE ONLY:

Date Received:

Date Released:

Processed by:

Revised 03/2018