

TUITION RECEIPT LETTER REQUEST

Please allow 48 hours to process

Letters will **not be** created until your balance for the requested semester is **zero**

Name: _____ SID: _____

Date of Request: _____ Phone: _____

Lette(s) Needed For: Fall _____ Spring _____ Summer _____ Year _____

Letter(s) to be: Picked up on: _____
 Mailed to: _____
 Emailed to: _____
 Faxed to: _____

Office Use ONLY:

I hereby authorize the University of Wisconsin-Parkside to release all information to myself pertaining to the amount of Financial Aid I received which paid a portion of my fees for the above shown semesters.

Signature: _____ Date: _____

Office Use:

Sent on: _____ Created By: _____ Checked By: _____