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: ______________________

Letter(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: ______________