

TUITION RECEIPT LETTER REQUEST
\$5.00 CHARGE PER SEMESTER REQUESTED
PAYMENT DUE AT TIME OF REQUEST
48-HOUR NOTICE REQUIRED

NOTE: Letter for the **current** semester **will not** be done until your account balance is zero.

NAME: _____

SID OR SSI: _____

Please print

Date of request: _____

Letter(s) needed (select all that apply)

☐ Fall ☐ Spring ☐ Summer

Year

Request made via: ☐ **Student Office Visit**

☐ **Telephone (262/595-2258) request**

☐ **Correspondence to Cashier's Office**
P.O. Box 2000
Kenosha, WI 53141

☐ **Faxed to Cashier's Office at 262/595-2340**

Letter(s) to be: ☐ **Picked up by student on: DATE** _____

☐ **morning** ☐ **afternoon**

☐ **Mailed** **Address:** _____

Special Instructions/Phone Number where student can be reached:

AUTHORIZATION TO RELEASE INFORMATION

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.

STUDENT SIGNATURE _____ **DATE:** _____