

TO: CONTROLLER'S OFFICE  
JACKSONVILLE UNIVERSITY  
2800 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211  
FAX: 904-256-7206

DATE OF REQUEST \_\_\_\_\_

**REQUEST FOR DUPLICATE  
IRS FORM 1098-T  
PLEASE PRINT**

Please reissue a TUITION STATEMENT (Form 1098-T) for the following student, for the tax year ending\_\_\_\_\_.

STUDENT NAME\_\_\_\_\_

STUDENT ID NUMBER\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_

CURRENT MAILING ADDRESS:

Street Address:\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

**The FORM 1098-T is requested for the following reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Never received  
Misplaced or Destroyed  
Social Security Number or Name Incorrect  
Other (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
**I request that the reissued 1098-T be mailed.**  
**I request that the reissued 1098-T be available for pickup.**

**STUDENT SIGNATURE**\_\_\_\_\_

**PLEASE NOTE: 1098-T's WILL BE MAILED OR AVAILABLE FOR PICKUP WITHIN 24 HOURS OF RECEIPT OF REQUEST AT THE CONTROLLER'S OFFICE.**

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**FOR INTERNAL OFFICE USE ONLY:**

Date request received:\_\_\_\_\_ Original 1098-T remailed:\_\_\_\_\_

Processed by:\_\_\_\_\_ Duplicate 1098-T reissued:\_\_\_\_\_

Revised Jan 2006