

# 1098 T Reprint Request

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Name \_\_\_\_\_ Student ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Is the form to be:  picked up  mailed  faxed

Mailing Address \_\_\_\_\_

Street Apt City State Zip

Fax Information \_\_\_\_\_

Person receiving fax Company Phone Fax

Reason for request (lost original, etc.) \_\_\_\_\_

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*Office use only*

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Rec'd by 1098 ordered Stmt ordered Date Mailed-faxed by/date

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