



BURSAR INFORMATION REQUEST FORM

STUDENT INFORMATION. Fill out this form on your computer before pressing the Print Form button below.

Name _____
Last First Middle

Address _____
Street

City State Zip Code

Phone: _____ Social Security or Marquette ID Number: _____

Date of Birth: _____ Email: _____

PURPOSE OF FORM

- Statement of Account
- 1098-T Form Years: _____
- Other _____

RELEASE: I AUTHORIZE MARQUETTE CENTRAL TO RELEASE THE ABOVE INFORMATION.
Manually sign with a ballpoint pen. Forms with digital/electronic/typed signatures cannot be accepted and will be returned.

SIGNATURE _____ DATE _____

PREFERRED DELIVERY METHOD. Requests will be processed within three business days of receipt of your request and will be available for pick-up or be mailed after 12:00pm on that day.

- Hold for Pick-Up at Marquette Central.
- Check this box if another person will pick up the verification for you. Indicate his or her full name below:

_____ *A photo ID of this person will be required at the time of pick-up.*

- Mail to the Following Address via US Mail:
Please complete a separate request form for each address to which a verification is to be sent.

After you have completed the form, print using the Print Form button at right. Do not forget to sign your request in the space provided.

Print Form

05/2021