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.

05/2021

MARQUETTE CENTRAL  P.O. BOX 1881  MILWAUKEE, WISCONSIN 53201-1881

FAX: (414) 288-4080  TELEPHONE: (414) 288-4000  marquettecentral@marquette.edu