



Request For Certification of Tuition and Fees

A photo ID is required with student signature.

_____ Print Name _____ University ID Number _____

Email: _____ Daytime Phone: () _____ - _____

As requested by the Family Education Rights and the Privacy Act of 1974, I agree to hereby give my consent to Southern Illinois University of Edwardsville to release the following information:

A Certification of Tuition and Fees incurred for:

(Please circle the following years you want certification for)

Fall Semester 2003 2004 2005 2006 2007 2008 Other _____

Spring Semester 2003 2004 2005 2006 2007 2008 Other _____

Summer Semester 2003 2004 2005 2006 2007 2008 Other _____

_____ If a certification is not required, please check here for a printout of incurred charges for the student's entire attendance at SIUE.

MBA Students

Spring 1 Classes Taken: _____ Year 20 _____

Spring 2 Classes Taken: _____ Year 20 _____

*If you attended a Summer or Fall Semester please circle the appropriate year above.

Allow Up to 2 Weeks from Date Requested to Receive Your Certification.

(Please check one of the following lines for method of delivery.)

_____ Will Pick up in the Bursar's Office Date: _____ - _____ - _____

_____ Please FAX to: () _____ - _____

_____ Please MAIL to Name: _____

No. and Street: _____

City: _____ State: _____ Zip Code: _____

_____ Signature _____ Date _____