

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 at Edwardsville to release the following information:

A Certification of Tuition and Fees incurred for:

(Per semester, please circle the appropriate year(s))

Fall Semester 2007 2008 2009 2010 2011 2012 Other _____

Spring Semester 2007 2008 2009 2010 2011 2012 Other _____

Summer Semester 2007 2008 2009 2010 2011 2012 Other _____

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.

_____ If a certification is **not** required, please check here for a printout of charges incurred during your attendance at SIUE.

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

Please check for method of delivery:

_____ Will Pick up in the Bursar's Office after (date): _____

_____ FAX to: () _____ - _____

_____ MAIL to Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ Signature _____ Date _____