



TUITION STATEMENT REQUEST

Student Financial Services

CASS Building

1735 Wahnish Way

Suite 103

Tallahassee, Florida 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famuedu

Requested Term Year: _____ Please Circle: Fall Spring Summer

Student Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Student Mailing Address _____ (Street Address)

_____, _____ (City) (State) (Zip Code)

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW BEFORE COMPLETING THIS REQUEST:

IS THIS FOR TUITION REIMBURSEMENT? [] YES [] NO

IS PARENT REQUESTING STATEMENT TO WITHDRAW FUNDS FROM A 401 K? [] YES [] NO

IF YES, PLEASE PROVIDE PARENT'S NAME: _____

PLEASE NOTE: Tuition Statement Requests will be emailed within seven (7) business days.

Student Signature

Date

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Processed By: _____ Date Processed: _____