

REQUEST FOR WAIVER OF DEFERRED PAYMENT FEE

Documentation supporting request should be attached to this form.
Please return form to the University Billing Office, 5 Calvin Hall

DATE _____

UNIVERSITY ID# _____

NAME _____

ADDRESS _____

REASON FOR REQUEST:

SIGNATURE _____

*****FOR OFFICE USE ONLY*****

Fee Waived? YES NO One-Time Waiver? YES NO

Reasoning: _____

Signature _____ **University Billing Office**