

REQUEST FOR WAIVER OF REINSTATEMENT FEE

Note: Waiver appeals will not be considered unless balance of the account is \$0.00.
Please return this form with supporting documentation, if a part of your appeal, to: 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**