



Form 1098-T Reprint Request

Name _____ Student ID _____

Signature _____ Date ____ / ____ / ____

Is the form to be: picked up mailed faxed emailed

Mailing Address/Email Address _____

Phone number (_____) _____ - _____

Fax number (_____) _____ - _____

Reason for request (lost original, never received, incorrect amounts, etc.) _____

Office use only

Received by	Date	Sent to student	Date
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Please return the completed form to the Office of Accounting or email to 1098T@utpb.edu.

*Please ensure that the mailing address on file is correct in order to receive all university correspondence.