

BURSAR INFORMATION REQUEST FORM

STUDENT INFORMATION. Fill out this form on your computer before pressing the Print Form button below.

Name

Last

First

Middle

Address

Street

City

State

Zip Code

Phone:

Social Security or Marquette ID Number:

Date of Birth:

Email:

PURPOSE OF FORM

Statement of Account

1098-T Form Years:

Other _____

RELEASE: I AUTHORIZE MARQUETTE CENTRAL TO RELEASE THE ABOVE INFORMATION.