

**\*\* The University of Kansas maintains the current year + 3 prior academic years only, in accordance with State records retention requirements. If available, with a court order we may be able to go back further in order to fulfill the request. \*\***

Student Name (Print) \_\_\_\_\_ KUID \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_

**I request that Student Account Services send me a receipt for the following payments:**

Tuition and Fees for the Semester(s)	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
Housing Charges for the Semester(s)	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	Fall _____ (year); Spring _____ (year); Summer _____ (year)
Other Charges: _____	Fall _____ (year); Spring _____ (year); Summer _____ (year)
	_____ Fall _____ (year); Spring _____ (year); Summer _____ (year)

**Please send receipt by (check one)** Pick up in Person \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**⇒ If not delivering in person, the following section must be completed by a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
 \_\_\_\_\_ personally appeared before me, (check one) \_\_\_\_\_ who is personally known to me  
 OR \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_ to be the signer of this  
 Official Request Form. Notary Public \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

**KU verification by Student Account Services personnel of student providing Receipt Request:**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax Receipt Request Form to: The University of Kansas Student Account Services at 785-864-1520 OR  
 Mail or Bring in Person Receipt Request Form to: The University of Kansas Student Account Services,  
 1450 Jayhawk Blvd., Room 23 Lawrence, Kansas 66045-7505 Email: [stu.account@ku.edu](mailto:stu.account@ku.edu)

Upon receipt of your request and payment (if required), we will prepare and send you a receipt within 7-10 business days as long as charges on your account are paid in full. At the beginning of each semester and during tax season, your request may take longer due to the high volume of requests we receive during this period. Receipt Request for current or prior academic year is free of charge. Receipt Request specifying information prior to these periods will be processed upon receipt of \$10 per year requested. Payment may be in the form of a check, money order or cashiers check made payable to The University of Kansas. A \$30 fee will be assessed to the student's account for all returned checks. If you have any questions, please call the Student Account Services at 785-864-3322.