

TO: CONTROLLER'S OFFICE
JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211
FAX: 904-256-7148

DATE OF REQUEST _____

**REQUEST FOR DUPLICATE
IRS FORM 1098-T
PLEASE PRINT**

Please reissue a TUITION STATEMENT (Form 1098-T) for the following student, for the tax year ending _____.

STUDENT NAME _____

STUDENT ID NUMBER _____

SOCIAL SECURITY NUMBER _____

CURRENT MAILING ADDRESS:

Street Address: _____

City _____ State _____ Zip Code _____

The FORM 1098-T is requested for the following reason:

_____ Never received
_____ Misplaced or Destroyed
_____ Social Security Number or Name Incorrect
_____ Other (Explain)

_____ **I request that the reissued 1098-T be mailed.**
_____ **I request that the reissued 1098-T be available for pickup.**

STUDENT SIGNATURE _____

PLEASE NOTE: 1098-T's WILL BE MAILED OR AVAILABLE FOR PICKUP WITHIN 24 HOURS OF RECEIPT OF REQUEST AT THE CONTROLLER'S OFFICE.

FOR INTERNAL OFFICE USE ONLY:

Date request received: _____ Original 1098-T remailed: _____

Processed by: _____ Duplicate 1098-T reissued: _____

Revised Feb 2018