

# Averett University Graduate and Professional Studies

## TUITION RECEIPT & STATEMENT REQUEST FORM

Receipts will only show the cost of the course, course number and name, student name, and payment type.

Please type in appropriate fields, and fax or mail to the Accounting Office

Date of Request: \_\_\_\_\_

Please send me a Statement

Please send me a receipt for:  One Time\*\* **OR**  Continuous/each payment received

(\*\*For a one time request, please fill in all appropriate fields completely)

Course Number (if for a specific course): \_\_\_\_\_

**OR**

Payment (if for a specific payment):

VISA

MasterCard

AMERICAN EXPRESS

DISCOVER CARD

CHECK # \_\_\_\_\_

MONEY ORDER

LOAN FUNDS

Student Name (legal name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Cluster Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Receipt requests will only be accepted on this form. All receipt requests must be submitted in writing using this form. Request forms will be accepted by email, fax and mail. All receipts will be processed within 48 hours and will be mailed to the address currently on file. Due to confidential information provided, faxed receipts can no longer be provided.

Receipt requests may be mailed with payment or faxed.

FAX

(434) 791-5850

Mailing address:

Averett University

P. O. Box 2670

Danville, VA 24541

**There is no charge for the first request; however, there will be a \$5.00 fee charged for processing of duplicate requests.**

Signature: \_\_\_\_\_

### For Office Use Only

Receipt processed: \_\_\_\_\_

Comments: \_\_\_\_\_

Representative: \_\_\_\_\_

Name / Title \_\_\_\_\_ Date \_\_\_\_\_