

**Fax Completed Request to (469) 752-3881
Call (469)752-8915 to Confirm Receipt**

Reprint of Statement Request

By signing below, I understand there is a re-print fee of \$3 per statement and I accept these charges. I understand that total payment of these re-print fees must be received in the PASAR Finance Office **before** the reprinted statements will be furnished as requested. Requests received by 5th of month, will be processed by 15th if payment has been made. All requests received after 5th of month will be processed the following month. Re-printed statements will either be faxed to the customer or picked up by the customer. Re-printed statements will not be mailed or emailed.

Customer Name _____ Date _____
(please print)

Customer Signature _____

Customer Account # _____

Phone # _____

Pick Up or Fax # _____

Student Name _____

Student ID# _____

Please circle which month's statement you are requesting:

2008/2009 School Year

2009/2010 School Year

Jul-08	Nov-08	Mar-09	Jul-09	Nov-09	Mar-10
Aug-08	Dec-08	Apr-09	Aug-09	Dec-09	Apr-10
Sep-08	Jan-09	May-09	Sep-09	Jan-10	May-10
Oct-08	Feb-09	Jun-09	Oct-09	Feb-10	Jun-10

For Office Use Only:

Date of Payment: _____ Amount Received: _____

Received by: _____

Date Reprinted Statement(s)
Furnished to Customer: _____ Debit Amount: _____

Zone Specialist: _____

Debit Entered: _____
DATE INITIALS