

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.**

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**FOR INTERNAL OFFICE USE ONLY:**

Date request received: \_\_\_\_\_ Original 1098-T remailed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Duplicate 1098-T reissued: \_\_\_\_\_

Revised Feb 2018