

Student Name: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

I would like to request an itemized statement for the following Year \_\_\_\_\_ and Semester (s):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

I would like for this document to be sent by:

Mail \_\_\_\_\_ Fax \_\_\_\_\_ Ursuline email \_\_\_\_\_

**Itemized Bills will include all charges, payments, financial aid, adjustments and refunds (if applicable).**

Please provide the complete mailing address, email address or fax number.

You may submit your request by:

Mail: Student Service Center  
2550 Lander Road  
Pepper Pike, OH 44124

Fax: 440-684-6114

Email: [studentservices@ursuline.edu](mailto:studentservices@ursuline.edu)

By signing this form, I authorize the release of information contained in my student account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Office of Student Service Center*