



SANTA CLARA UNIVERSITY
The Bursar's Office
1098-t Request Form

DATE _____

LAST NAME _____ FIRST NAME _____

ID# _____

STREET ADDRESS _____

Social Security Number

CITY _____ STATE _____ ZIP _____

() _____

Phone Number _____

School:

Reason Requested:

UNDERGRADUATE

Did not receive 1098-t Form

GRADUATE

Received 1098-t Form, Changes Needed

LAW

Received 1098-t Form, Reprint Needed

OFFICE USE ONLY

Comments:

DATE SENT: _____

INITIALS: _____