UNIVERSITY OF Cincinnati

Late Payment Fee Waiver Request Form

(please print)

STUDENT ID: _____ DATE: _____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: (_____) _____

E-MAIL ADDRESS: _____

COLLEGE CLASS: ☐ Freshman ☐ Sophomore ☐ Pre-Junior ☐ Junior ☐ Pre-Senior ☐ Senior

☐ Graduate Student ☐ Law Student ☐ Medicine (MD) Student

REASON FOR WAIVER REQUEST (in the space below briefly describe why the late payment fee(s) should be waived):

_____

_____

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STUDENT SIGNATURE: _____

Submit this form to the One Stop Student Services Center in University Pavilion or mail/fax it to:
You will receive an e-mail regarding the disposition of your request within
7 business days from the date it was received in the Collections Office.

Collections
University of Cincinnati
PO Box 210140
Cincinnati, OH 45221-0140
Fax: (513) 556-2681

COLLECTIONS OFFICE USE - DO NOT WRITE BELOW THIS LINE

☐ APPROVED ☐ DENIED BY: _____

ACTION EXPLANATION:

_____

_____

_____

DATE REVIEWED: _____ AMOUNT WAIVED: _____ DATE NOTIFIED: _____

Revised: 07/2007