

**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