

Request a Receipt

To: University of Missouri–Kansas City
Cashiers Office

Fax: 816-235-5510

From: Print name

Date:

Please send a copy of the paid fees letter generated for the semester(s) of _____.

Student ID or Social Security number: _____

Student name: _____

Return by: Fax number: _____ Attn: _____

OR

Mailing address: _____

Student signature _____ Date _____

Please make sure to include a **legible** copy of a current state ID with this request.