

**Office of Student Accounts  
Statement of Account Request**

<b>Date</b>	
<b>Name</b>	
<b>ID#</b>	
<b>Phone #</b>	
<b>Semester (s) Requested</b>	

Pick-up

Mail

Fax

<b>Address</b>	
<b>Fax #</b>	

*Please allow three (3) business days for your request to be completed. If you have any questions, please contact the Office of Student Accounts at (202) 806-2610/2600; fax (202) 806-5182.*

*Thank you for your cooperation.*