



The University of Kansas
Revoke Electronic 1098-T Consent

STUDENT NAME _____ ID # _____

DAYTIME PHONE _____ EMAIL _____

I understand by completing and signing this form that I am requesting my consent to receive my 1098-T electronically be revoked.

Student Signature

Date



If not delivering in person, the following section must be completed by a Notary Public:

State of _____ County of _____ on this _____ day of _____, 20 _____

_____ personally appeared before me, (check one) _____ who is personally known

to me OR _____ whose identity I proved on the basis of _____ to be the signer of this

Revoke Electronic 1098-T Form.

Notary Public _____

Residing at _____

My commission expires: _____

Deliver completed form to: Student Accounts & Receivables, Carruth Room 1 Questions? Call 785-864-3322.

Mail completed form to: Student Accounts & Receivables, Carruth Room 1, Lawrence, KS 66045

KU verification by Student Accounts & Receivables personnel of student revoking the Electronic 1098-T Consent:

EMPLOYEE'S SIGNATURE _____ DATE _____

SAR Use Only:

Date Consent Given _____ Date Cancelled _____ Initials _____