# Roger Williams University

***Student Account Late Fee Removal Request***

***Bursar's Office FAX # 401-254-3674***

Date of Request:_____ Student Id Number:_____

**Last Name: _____First Name: _____Middle Initial: ____**

**Telephone #: _____ for Bursar's Office to contact me if there are any questions**.

Email Address:_____

Reason for Request

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Student Signature:_____

*Request will not be completed without student's signature*

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*This section to be completed by Late Fee Removal Committee*

*Comments*

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Committee Decision: YES:_____ NO:_____

| Code | Amount | Term |
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