## LINCOLN UNIVERSITY

## **REQUEST FOR 1098-T FORM**

Please complete the form below with the required details. All fields must be filled out **electronically** and using **UPPERCASE LETTERS ONLY**. **Incomplete forms will not be accepted.** 

Last Name	First Name	Middle Name	Student ID#
Social Security #		Phone #	
Mailing Address:		Apt/ Unit No.: _	
City:	State: _	Zip code:	
•	must provide Social Secuer to process the stateme	rity # and submit this request bont.  Signature:  Date:	
		nission Use Only	
At Least Half-Time: Y	'es No	Graduate Student	: Yes No
		ounting Use Only	
Received by:	For Acco		

Telephone: 510- 628-8028 Fax: 510- 628-8026

Rev. 04/30/2025