The University of Vermont

LATE PAYMENT FEE APPEAL

Date: _____

Name: _____

Student ID #: _____

E-mail Address: _____

Telephone Number: _____ ☐Cell ☐Home ☐Work

Please state your reasons for requesting a waiver of the late payment service charge:

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PLEASE NOTE: DECISIONS WILL BE COMMUNICATED BY EMAIL

Return to: University of Vermont
Student Financial Services
Late Fee Appeals Officer
221 Waterman Building
85 South Prospect Street
Burlington, VT 05405
Fax # 802-656-4076