



Duplicate Billing Request Form

WHITMAN COLLEGE™

Student Name	WID
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Please choose and complete TWO of the following billing addresses:

- Campus mailbox
- Home address

Name to Send Bill to		
Street Address		
City	State	Zip Code

- Other address

Name to Send Bill to	Relation to Student	
Street Address		
City	State	Zip Code

I request that my Student Account statements and billings be sent to the addresses listed above.

Student Signature

Date