



Received by _____
Date _____
To _____

Problem Notification/Resolution Form

Please give your full name and mailing address:

Fax #: (972) 279-9773

Instructions: Fill out the form completely with your name, SS# or AUID, mailing address, and a phone number where you can be reached during the day. If you wish to receive a response by mail, please indicate. State the nature of the problem or request clearly. Be sure to write or print legibly so we may respond to your inquiry without delay.

AUID/SSN _____ - _____ - _____ Daytime Phone _____

I am inquiring about the following problem. You may reach me by: _____ phone _____ mail (indicate your choice)

PROBLEM/REQUEST:

Signed: _____

Date filed: _____

RESPONSE:

From: _____

Date: _____
