



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: \_\_\_\_\_

\_\_\_\_\_

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