**Textbook Allowance Request Form**

**Date:** ________________________________ ___________

**Student Name:** _____________________  **Student ID#:** ____________________

**Current Address:** ____________________ ______________________

**Home Phone:** __________  **Email Address:** ___________________________

**Please list the class(es) to be included in your request below.**

<table>
<thead>
<tr>
<th>Course/Section No.</th>
<th>Course Title</th>
<th>Start Date of Course</th>
<th>End Date of Course</th>
<th>Allowance Amount ($150 per course)</th>
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</table>

**Total:**

By signing below, I verify that I have successfully completed the above course(s) and am requesting to receive my textbook allowance(s).

**Student Signature:** ________________________  **Date:** ____________________

**Attach a copy or screenshot of your voucher and fax or mail this form and the voucher to:**

*Attn: Sia Richardson, Office of the Registrar, 1995 University Ave, Suite 110, Berkeley, CA 94704-7000 Fax: (510) 643-2333*

*Please note that it may take up to 60 days to process payment.*

**For Office Use Only**

**Date Received:** ______________________________________________________   **Date Approved/Processed:** ______________________________________________________

**Total Amount:** _______________________________________________________  **Signature:** ______________________________________________________________________