



1098-T Electronic Opt-Out Form

CSUB ID #: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ CSUB E-Mail: _____

Term: _____

Mailing Address: _____

By signing below, I acknowledge that I will no longer be able to view my 1098-T online through myCSUB. If I choose to view my 1098T online at a later time, I will have to opt-in via myCSUB.

In addition, I confirm that my mailing address is up to date on myCSUB in order to receive a paper 1098-T.

Student Signature: _____ Date: _____

*Please submit this form to the Student Financial Services department located across from the Financial Aid office and next to the Cashier’s window or via email at sfs@csub.edu. Allow one week for form processing

Student Financial Services Use Only:

Date Received: _____

Date Revoked: _____

Date Mailed : _____

SFS Signature: _____ Date: _____