



Office of Business Affairs
Student Prize/Award Winner

PLEASE PRINT OR TYPE

No payments will be released until this form is received and the information has been verified with the IRS.

1. _____
Last Name MI First Name
2. _____
Address
3. _____
City State Zip Code
4. Phone: (____) - _____ 5. _____
area code E-mail address

6. TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number (SSN): _____ - _____ - _____

Legal Name that appears on your Federal Tax Return (This should correspond with the SSN provided above)

7. **INDIVIDUAL STATUS:** *Check only one (1).*
- U.S. Citizen
 - I am a permanent resident (green card holder)
 - I am not a U.S. Citizen

8. **Preferred delivery method of Purchase Orders:**

- E-mail to: _____
- Fax to: _____
- Mail to address listed above

9. *Under penalties of perjury, I certify that the information provided above is true, correct and complete.*

Signature

Print Name

Date

Please fax the completed form to: (479) 575-4158
Or mail to University of Arkansas, 321 Administration Bldg, Fayetteville AR 72701.

For Office use Only:
Vendor No. _____