

W-2 Reprint Request Form

Important Information:

- Requests made after **April 15** or for a **prior year** will incur **\$6.00 processing fee** for each year request.
 - Payment of \$6.00 must be via **check or money order**.
- A valid **photo ID** must be attached to process this request.
- Completed forms can be emailed to payroll@nova.edu, faxed to (954) 262-3997, or mailed to:

Nova Southeastern University
Payroll Department
3300 S. University Drive
Fort Lauderdale, FL 33328-2004

Employee Information:

Employee Name: _____ NSU ID: _____

Tax Year(s) Requested: _____ Phone Number: _____

Mailing Address:

Street Address: _____ City: _____

State: _____ Zip Code: _____

Reason for Request:

Lost/Misplaced/Destroyed

Never Received

Terminated - Lost Online Access

Employee Authorization:

I certify that the above information is accurate, and I authorize the reprint of my W-2 form(s) as requested.

Employee Signature: _____ Date: _____

For Department Use Only:

Request Received By: _____ Date Received: _____

Date Mailed: _____

Allow five business days to process your request.

03/05/2025