

Citi_® mtvU Card Redemption Form

About you:		
Name		
Address		
City	State	Zip
Citi mtvU Card Accou	nt Number	
Please enter your ex	act GPA for the semester	
Class Year for the S	emester (e.g. Freshman, Sophomo	re etc):
Please attach a copy process your award w	of your official report card f ithout this information.	or the semester. We cannot
About Your School:		
School Name		
Address		
City	State	Zip
I certify that all i accurate:	nformation I have provided in t	his form is valid and
Primary Cardmember N	ame (Print)	
Primary Cardmember S	ignature	Date
Mail To:		
Citi mtvU Redemption P.O. Box 142319 Irving, TX 75014–23		
Once we receive your be processed. All a on which the award i Enclosure	information, please allow up t wards will appear on the first s processed.	o two weeks for your award statement following the dat