Student Check Request

To Request a Check:

Name: _____ Last 4 Digits of SSN_____ Current Address: _____ Current Phone:_____ Cell Phone: Date: _____ Please check if you want check mailed. Amount: ______ To Receive the Check: I know that these excess funds were to be used for educational costs, and since I decided to request them, I will be responsible for all tuition, books and fees that these funds were supposed to pay for. Date: Student Signature: STOP HERE Sat Progress: Yes No Initial: _____ Entrance Counseling: Yes No Initial: Administration: Financial Aid: Date Approved: Check #: Amount of Check \$

Current balance _____ Check ____ Class Receipt ____