



Student Business Services

CHECK MAILING REQUEST FORM

Date: _____

Refund Check _____

Student Worker Check _____

I, _____, am requesting the indicated check above
Student Name and ID Number

be mailed to _____ . Please
Address, City, State, Zip

contact me at (_____) _____ - _____ for additional information.

Signature: _____ Date: _____

Office Use Only:

- Check mailed on _____ by _____
- Phone message taken by _____
- Is address above the same as address on check? Yes _____ No _____