OFFICE OF STUDENT FINANCIAL SERVICES

Request for Refund Check Replacement Form

PART I: TO BE COMPLETED BY STUDENT

Date: _____ Student ID Number: _____

First Name: _____ MI:_____ Last Name: _____

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip: _____

Tel 1: _____ Tel 2: _____ Email: _____

PART II: TO BE COMPLETED BY A UNIVERSITY REPRESENTATIVE

Check #: _____ Date: _____

Amount: _____ Term: _____

Certifying Official: _____ Title: _____

PART III: STUDENT CERTIFICATION

I certify that I did not receive the refund check noted above and request that a replacement check or a copy of the cancelled check be sent to my address on record. I understand that by filing this form, I have granted LIU permission to place a stop payment on the abovementioned check. If I receive this check, I will contact the Office of Student Financial Services by phone at 516 299-2553 or via email at sfs@liu.edu.

Signature: _____ Date: _____

PART IV: TO BE COMPLETED BY A NOTARY PUBLIC

NOTARY: State of New York / County of _____. Sworn before me

on this _____ day of _____, 20____.

_____

Notary Signature and Stamp