Vanderbilt University

Office of Student Accounts u]o }u ‰o š (}Œu š}W •šµ všX }µvš•

Application by Individual to Replace Lost/Destroyed/Stale-Dated Refund Check

W o **understand t** Z š **eplacement refunds may not be initiated** µvš]o íì µ•]v •• Ç•
(ollowing šZ }Œ]P]v o Z l]••µ š X

}uu} }Œ /D # _____ Date _____ zzzzzzzzzzzzz_____

_____ _____
(First Name and Middle Initial) (Last Name)

_____ _____
(E-mail Address) (Telephone #)

Refund Check Dated _____ z__ Amount of Check $_____

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Request for replacement of Vanderbilt hv]À Œ•]šÇ ^šµ vš Z (µnd check is because:

Check Select _____

_____

_____
(State all information known regarding the non-receipt, loss, theft, mutilation or destruction of refund check)

I agree to immediately surrender the original refund check dated _____ to Office of Student Accounts should the original check at any time hereafter come into my possession or control.

_____ _____
(Signature) (Date)

For the Office of Student Accounts and Disbursements Use Only

Check # _____ Check Date _____

Check Made Payable To _____

Reason for Replacement _____

Send Replacement Check To _____

Student Accounts Approval _____

Date Sent to Disbursements for Handling _____