



Request for Refund Check Replacement Form

PART I: TO BE COMPLETED BY STUDENT/PARENT

Date: _____ Student ID: _____ Campus: _____

Student Name: _____

Parent Name (for PLUS loan refunds): _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Tel 1: _____ Tel 2: _____ Email: _____

Date of Refund: _____ Amount: _____ Term: _____

PART II: STUDENT/PARENT 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 above mentioned check and reissue a new one. If I subsequently find the check I will destroy it and notify the University accordingly.

Signature: _____ Date: _____

FOR CAMPUS USE ONLY

OLD CHECK INFORMATION

Voucher/SF #: _____ Check #: _____ Amount: _____ Term(s): _____

Name: _____ Title: _____

Signature: _____ Date: _____

FOR UNIVERSITY CENTER USE ONLY

Bank Stop Payment Date _____ Voided by AP Date _____ Reversed in SF Date _____

NEW CHECK INFORMATION

Check #: _____ Date: _____ Amount: _____ Term(s): _____