

# STUDENT CHECK REQUISITION

Name (Pay to the order of)	Parent ID Number	Student ID Number
		Student Name of Parent Check

<input type="checkbox"/> Permanent Home Address Change	<input type="checkbox"/> Address different from Permanent Home Address
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City, Town or Post Office	State	Zip Code
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- Pick up check
- Mail check
- Overnight/Monday (\$35 Fee)
- Overnight/Saturday (\$60 Fee)

Contact Phone Number
Contact Phone Number

I have reviewed my account and the appropriate charges, tuition, fees, room, board and miscellaneous charges are accurate. I agree that at a later date if it is found that the charges are not accurate, I am responsible for adjustments resulting in a balance due. Adjustments resulting in a credit balance will be paid to me at that time.

<b>Student Signature (REQUIRED)</b>	<b>DATE</b>
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<i>BUSINESS OFFICE USE ONLY</i>	
AMOUNT OF CHECK:	
CHARGE ACCT:	1-1-00000-017
OVERNIGHT JL:	1-5-06190-685
	Overnight Fee
APPROVAL:	
Student Accounts Signature	Date
APPROVAL:	
Supervisor Signature	Date