

Vanderbilt University

Office of Student Accounts

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

Who understands that replacement refunds may not be initiated following the date of the original check.

Refund Check # _____ Date _____

(First Name and Middle Initial)

(LastName)

(E-mail Address)

(Telephone #)

Refund Check Dated _____ z Amount of Check \$ _____

_____ z _____

_____ z _____ (S_

Request for replacement of Vanderbilt refund check is because:
Check _____

(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 and the original check at any time hereafter comes to 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 _____	