

Request for Refund Check Replacement Form**PART I: STUDENT/PARENT BIO/DEMO DATA**

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: _____

I have also enrolled in direct deposit refunding using my MyLIU account to electronically receive financial aid refunds immediately into the bank account of my choice (please note that detailed instructions on how to enroll can be found here: www.liu.edu/enrollment-services/financial-aid/student-direct-deposit-refunding).

UNIVERSITY REVIEW AND APPROVALS**OLD CHECK INFORMATION**

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

Name: _____ Title: _____

Signature: _____ Date: _____

 Bank Stop Payment Date _____ Voided by AP Date _____ Reversed in SF Date _____**NEW CHECK INFORMATION**

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