

CHECK REQUEST FORM

Date: _____

Name (please print): _____

Social Security #: _____

Would you like your check mailed? Yes _____ No _____

If yes, please print **complete** address below.

Loan/Cash Refund amount requested: _____

Signature: _____

Checks will be issued by Thursday of each week. The following guidelines must be met in order to have your refund check issued:

1. Request form must be filled out completely.
2. All financial aid funds must be received by the college **before** checks are issued.
3. Students must be in attendance of all scheduled classes.

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