

# Student Refund Affidavit

Student Name: \_\_\_\_\_ UV ID: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit/Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Number: \_\_\_\_\_ Reason for Requesting Replacement Check

Check Date: \_\_\_\_\_ Lost Damaged

Check Amount: \_\_\_\_\_ Stolen Never received

**I request Utah Valley University place a stop payment on the check detailed above and issue me a replacement check. I also certify that I did not endorse, cash, or attempt to cash by any method the check. If I find the check, I will not attempt to cash the check and will promptly return the check to Utah Valley University.**

**I also understand that Utah Valley University is not required to accept this request for stop payment and issuance of replacement check if all required conditions are not met.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date: \_\_\_\_\_

Check cashed: Y / N If Y, Date: \_\_\_\_\_

Place stop payment on WF:

Void in FAACHKS:

Input SREF:

Issue replacement REF: