



## Student Request for Delivery of Check

Date \_\_\_\_\_

Student Name \_\_\_\_\_

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

Student ID# \_\_\_\_\_

Semester \_\_\_\_\_

Type of Check (choose 1 only)

Payroll: \_\_\_\_\_ Financial Aid \_\_\_\_\_ Other \_\_\_\_\_



### Options

#### Mail Check

#### Alternate Person(s) Picking Up Check

(Must show photo ID)

\_\_\_\_\_

Address

\_\_\_\_\_

Print name

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Signature



### For Business Office Use Only

\_\_\_\_\_

Date Check was pick up or mailed

\_\_\_\_\_

Business Office Signature

For more information, contact Business Office [businessoffice@law.stetson.edu](mailto:businessoffice@law.stetson.edu)  
or call 727 562-7805.