

# Vanderbilt University

Office of Student Accounts  
110 21<sup>st</sup> Ave. South, Suite 100  
Nashville, TN 37203

Telephone (615) 322-4092  
Fax (615) 343-8511

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

**\*\* Please be advised there may be a 10-day wait period for replacement of missing checks \*\***

Account ID # (or last 4 digits of SSN) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(First Name and Middle Initial) (Last Name)

\_\_\_\_\_  
(E-mail Address) (Telephone #)

Refund Check Dated \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

Mail Replacement Check to \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Request for replacement of Vanderbilt University Student 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 should the original check at any time hereafter come into 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 \_\_\_\_\_