

Vanderbilt University

Office of Student Accounts

Email completed form to: student.accounts@vanderbilt.edu

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

Please understand that replacement refunds may not be initiated until 10 business days following the original check issue date.

Commodore ID # _____ Date _____

(First Name and Middle Initial) (Last Name)

(E-mail Address) (Telephone #)

Refund Check Dated _____ Amount of Check \$ _____

Reissue refund via Direct Deposit

Mail Replacement Check to _____

(Street Address)

(City, State, 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 _____