Financial Aid Reissue Request

Student Information

Name: _____ Student ID: _____

Phone Number: _____ Date: _____

Check Information

Type of Check: _____ Check number: _____

Dated: _____ Amount: _____

Reason for Reissue: Lost☐ Stolen☐ Other ☐_____

Before the check can be reissued, please verify (select one or both):

☐ I have enrolled in Direct Deposit

☐ I have verified that my mailing address in MyPalomar is correct and includes all information including any apartment or unit numbers if applicable.

Agreement

By signing, I am stating that I am the legal owner of the check issued by Palomar College. I agree that the check was not endorsed and has not been paid. Check was lost, destroyed, or mutilated before the check was paid by the Palomar College. I agree to indemnify and hold harmless Palomar College and Wells Fargo Bank from any and all claims arising out of the issuance and payment to me of the new replacement check.

I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____