



Office of the Controller
Student Financial Services SU80/Room 227
777 Glades Road
Boca Raton, FL 33431
tel: 561.297.6101
www.fau.edu

DUPLICATE CHECK REQUEST FORM

Please enter or print all information below:

I, _____,

Identification Number (Z#) _____,

request that a duplicate check be issued for the following reason (s):

_____ I never received the original check.

_____ The original check was destroyed or lost.

OTHER REASON:

ORIGINAL CHECK AMOUNT _____

I hereby authenticate that the above information is accurate. Additionally, if I do receive or find the original check I will not cash the check but immediately return the check to the Controller's Office, Student Financial Services Department, SU80/Room 227.

In the event that I do cash or deposit both the original and replacement checks, I understand that the Controller's Office will post the amount onto my student financial account, refer my account to a collection agency, which will send my student account to the three (3) major credit bureaus.

Signature _____ Date _____

Phone Number _____ E-Mail _____

Street Address _____

City _____ State _____ Zip _____

Please email, mail, or submit the completed form to:

Florida Atlantic University
Office of the Controller
Student Financial Services - SU 80/Rm 227
777 Glades Road
Boca Raton, FL 33431

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