

Parent Plus Loan Duplicate Check Request Please contact us to confirm approval of duplicate check request at <u>refunds@tamu.edu</u>.

Date Requested: Name of Student:			
Student UIN:		Phone Number:	
Mailin	g Address:		
City:		State:	Zip Code:
Reason	n for Request:		
Amou	nt of Check: \$	Redeposit: , specify term:	OR Mail: OR Pick-up:
Requested by:			
I am the owner of the check listed above and have not received the issued original check. I will not cash the original check if it is received at a later date. Cashing or depositing an original check when a duplicate check has been issued may result in criminal fraud charges being filed against the perpetrator.			
Signature – Owner of check		Date	
-Duplicate check will not be issued without a signature			
FOR SBS OFFICE USE ONLY			
Disbursement Date://			
[If any of the following are applicable, note TGACOMC proceeding with approval process		
	 □ It has been less than 10 working days since the refund posted □ Already re-mailed on// per TGACOMC □ Re-applied to student account on// □ Confirmation from FMO that the original check has not been redeemed 		
		-	
FAMI			Date of Check/
	Check cannot be re-issued if any of the following are applicable -note TGACOMC		
Verification completed by:			
Employee Name		Date	□ Approved OR □ Denied
CHEC	K RECEIVED: Customer Sig	gnature	Date Revised 9/22/2022