

**Student Replacement Check Affidavit**

Date: \_\_\_\_\_ Panther ID: \_\_\_\_\_

Check Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for requesting replacement check:     LOST             STOLEN             NEVER RECEIVED

Other: \_\_\_\_\_

\*New Address?             YES             NO

*\*If this is a change of address, you must also submit your change to the OneStop office:*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before the undersigned, an Officer Duly Authorize to Take Acknowledgement, personally appeared the PAYEE or responsible state agency representative (CLAIMANT NAME) \_\_\_\_\_ who, being duly sworn, deposes and says that CLAIMANT is informed and believes that the Controller of Florida International University did issue a check as described below, and CLAIMANT further says that according to CLAIMANT’S best knowledge, information and belief the said check has been lost of destroyed and the PAYEE has not benefited in any way directly or indirectly from the check indicated below.

*I understand that if the original check is received, I must return it to the University’s Controller’s Office marked “VOID” immediately. Any attempt to cash this check will result in bank and University’s fines to me.*

**Claimant Signature:** \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TO SUBMIT:** Please return this form with an original signature and a legible copy of a photo ID of some such type as a driver’s license. Copies or facsimiles of signatures on this form are not acceptable.

Please submit this form in person or by mail to one of the following addresses:

Student Financials Services, 11200 SW 8<sup>th</sup> Street, Modesto Maidique Campus, SASC 101, Miami, FL 33199.

Student Financials Services, 3000 NE 151<sup>st</sup> Street, Biscayne Bay Campus, AC1 140 Miami, FL 33181

This section must be completed by a commissioned Notary Public:		
Print or type the name of the person making the statement:		<b>IMPORTANT:</b> The state of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include “ <b>Notary Public-State of (State you are notarized in).</b> ” This seal shall also state the name of notary public, commission expiration date, and a commission number, if your state does not require a commission number, then a letter with a copy of your state’s Notary Public laws must be attached to this affidavit in order for Florida International University to accept this affidavit and process a new check.
Signature of Notary Public:	State of:	
Personally Known: _____ Produced Identification: _____	Type of identification produced:	
Print, Type, or Stamp commissioned name of Notary Public:		

**For Office use only:**

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Original Verified by: \_\_\_\_\_