



BUSINESS SERVICES OFFICE
Request for Replacement Check

The following check has been reported lost, stolen, destroyed, or otherwise undeliverable:

Check #: _____	Date: _____
Amount: _____	
Is this a work study or student worker check?	Yes or No

The following information is necessary to process a replacement check:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Student Id Number: _____
Reason for Request: _____

Check One:

- Mail the replacement check to the above address (only available if no Higher One Account)
- I will pick up the replacement check in the SPO (only available if no Higher One Account)
- My refund will be issued from Higher One according to the refund option I selected

I understand the check listed above is no longer valid. If I find or receive this check, I agree to return it to Lake Superior College. If this check is cashed, I will assume all expenses related to the collection of the duplicated payment, or in the case of forgery, assist as requested.

**There is a \$20 fee to issue a replacement check.
Check is not replaced until 32 days after the check date.**

Signed: _____ Date: _____