

Student Replacement Check Request Form

Must be completed by the student

Date: _____

Student Name: _____ ID/UCID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check#: _____ Check Date: _____ Check Amt: _____

I authorize the following to occur for the above stated check:

- ☐ I did not received the check, please re-issue a new one to the above address.
- ☐ I authorize NJIT to reduce my federal loans by the amount of stated check.
(Must be in same financial aid year)
- Download and complete a Loan Adjustment form <http://www5.njit.edu/financialaid/forms>.
- ☐ NJIT may use the check amount to cover any outstanding balance that it is showing in my account.

I agree by placing my signature below that I did not receive the above stated check; and in the event the original check is found, I agree to return it to the Office of the Bursar at NJIT.

Student Signature: _____

Return all Forms to jvillaci@njit.edu