

**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 [bursar@njit.edu](mailto:bursar@njit.edu)