

## **Lost Check Affidavit**

**Direction:** Please complete a Lost Check Affidavit form for each refund in question and submit to the appropriate office for processing. You will be notified by your **VCCS E-mail** account on the results for each request.

## **Student Section:** Refund SIS Refund Amount: \$ \_\_\_\_\_ Туре: \_\_\_\_\_ Date: \_\_\_ Campus: EMPL ID: Semester: Name: Term | Year Street Address: City: State: Zip:

To the best of my knowledge, my refund check has not been presented for payment and is not in my possession. If my C

Signature: Witness Signature:		Contact Number:		Date:	
				Date:	
(Please Check One for Type of Witn	ess) 🗖 Business Offic	e 🗖 Financial Aid 🗖	Veteran A	ffairs	
Comments:					
inancial Services Use Only					
Original Check Information	Replacement Information				
Check Date:		Reissue Date:			_
Check Number:	Re	fund Payment Type:	☐ Check	☐ Direct Deposit	☐ Prepaid Card
Amount: \$		Amount: \$			
Comments:					
Print Name:		Signature			

Chesapeake, VA 23322 757-822-5110 Fax:757-822-5111

Norfolk, VA 23510 757-822-1240 Fax:757-822-1244

Portsmouth, VA 23701 757-822-2425 Fax: 757-822-2111

Virginia Beach, VA 23456 757-822-7115 Fax:757-427-0338

Financial Aid - 757-822-1688 Chesapeake: George B. Pass Bldg./Rm CT-1 Norfolk: Andrews Bldg./Rm 1120 Portsmouth: Bldg. A/Rm A 152 Virginia Beach: Kempsville Bldg./Rm D110

Center for Veterans and Military Education (CVME) Chesapeake: George B. Pass Bldg. - 822-5144 Norfolk: Walker Bldg. - 822-1207

Portsmouth: Bldg. A - 822-2197

Virginia Beach: Kempsville Building D – 822-7758

Distribution: Original - Campus Business Office/Financial Aid, Copy - Student, Electronic Copy - Student Financial Services