Request to Reissue a Check

Student Name: _____________________________________________

Student ID: C 0 0 _____ _____ _____ _____ _____

Check Number: ______________________________________________

Check Amount: ______________________________________________

I am requesting a “stop payment” be placed on the above referenced check and it be reissued to me for the following reason (s).

☐ I have lost the check
☐ I never received the check
☐ The check is now stale dated
☐ Other _________________________________________________________________________________________________

I understand:

• The original check cannot be cashed or deposited once this request is submitted
• The check can be reissued only after confirmation by the Student Accounts Office that the check has not been cashed
• Any outstanding balance on my account, including parking tickets and library fines, may be deducted from the original check amount
• The reissued check may not be available for up to 5 business days
• The reissued check will be mailed to my permanent address on record. If I need to change my permanent address, I must do so before a new check can be issued with the Registrar’s Office.

Signature ______________________________________________________ Date ______________________________

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