

P.O. Box 2640, State University, AR 72467 o: 870-972-2285 f: 870-972-3068 email: sasbillpayment@astate.edu

Student Affidavit Form

In order to reissue a check, please complete this form. It must be signed by a notary public and returned to the following address, if not completed within the Treasurer's Office: Arkansas State University – Treasurer's Office, P.O Box 2640, State University, AR 72467.

Please note, checks will not be reissued until 14 business days after initial issuance. The internal reissuing process time can take up to 10 business days (in addition to the 14 business days hold period).

All fields are required. Forms missing information will not be processed.

☐ Check	☐ Direct Deposit		☐ Parent Plus Loan
First Name	Middle Name		Last Name
ASU ID	*Driver's L	icense or Alternate #	
ASU Email Address	Billing Address		
City	State	Zip Code	Phone #
*Please provide an alternate ident	ification number ID, su	ch as your Passport or I-94	number, you do not have a driver's license.
This is to certify that I did not c authorize anyone else to cash t		f the proceeds from the	check identified below. Further, I did not
Check Date* The Check Date and Amount are the Treasurer's Office.			. To verify the date/amount go to myBill or contact
Student Signature	Date		Date
If this payment is for a Parent F	lus Loan, the parent	must sign in addition to t	:he student:
Parent Signature			Date
Subscribed and sworn before n	ne on this date:		
Notary Public Signature			_

PLACE STAMP HERE