



253-840-8405  
Cashier's Office

**REQUEST TO TRANSFER FINANCIAL AID CHECK(S) TO PUYALLUP CAMPUS**

I am requesting **ALL** financial aid (FA) checks for \_\_\_\_\_ quarter to be sent to the Puyallup Cashier's Office. I understand that by submitting this request, **ALL** FA checks for this quarter **MUST** be picked up at the Puyallup Cashier's Office.

I understand it is my responsibility to pick up my grant check(s) within 30 days of issue and any loan check(s) within 10 days of issue.

I understand I must provide a Financial Aid Funds Release Form with the proper instructor signature(s) and date(s). I understand the signatures are good for *five* business days only. Any signature(s) dated older than five business days will have to be signed and updated by the instructor again.

I understand I must also provide **CURRENT VALID STATE OR GOVERNMENT ID** when I pick up my financial aid check(s).

**PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED**

**STUDENT'S NAME**

**STUDENT'S PHONE NUMBER**

\_\_\_\_\_  
LAST                      FIRST

\_\_\_\_\_

**PIERCE COLLEGE SID NUMBER**

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**By signing below, I state I have read and understand the above information.**

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

Cashier initials: _____	Date received: _____
Date entered into spreadsheet: _____	Comments/notations: _____