



253-840-8405
Cashier's Office

**STUDENT REQUEST TO TRANSFER FINANCIAL AID
CHECK(S) TO PUYALLUP CAMPUS
THIS FORM IS FOR CURRENT ACADEMIC SCHOOL YEAR 2008 – 2009**

Please transfer my financial aid check(s) for **current school year** to the Puyallup Cashier's Office. I understand that I may cancel my request at any time; however, it will void any further transfers for the **current school year**.

It is my responsibility to pick up my **grant check(s) within 30 days of issue** and any **loan check(s) within 7 days of issue**. Checks will be cancelled if not picked up in allotted time.

I must provide a **Financial Aid office Attendance Declaration** for **ALL** checks I pick up through the cashiering office.

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

You may cancel your transfer request at any time; however, by cancelling one transfer, it will void any further transfers for the current school year. Therefore, you would need to complete a new transfer request form.

Name: Last

First

Student ID Number

Last four SSN

REQUEST TO CANCEL

STUDENT SIGNATURE

DATE