

Parent Plus Loan Duplicate Check Request
Please contact customer service to confirm approval of duplicate check request at sbs@tamu.edu or 979.847.3337 or GSC, Suite 2801

Date Requested:	Name of Student:	
Student UIN:	Phone Number:	
Mailing Address:		
City:	State:	Zip Code:
Reason for Request:		
Amount of Check: \$	Redeposit: □, specify term:	OR Mail: OR Pick-up: O
Requested by:		
	Cashing or depositing an original check wh	l original check. I will not cash the original check nen a duplicate check has been issued may result
Signature – Owner of check	 Date	
-Duplicate check will not be i	issued without a signature	
FOR SBS OFFICE USE ON	LY	
Disbursement Date://_		
If any of the fo	ollowing are applicable, note TGACOMC 1	proceeding with approval process
☐ Already re-mailed o ☐ Re-applied to stude	n 10 working days since the refund posted on/ per TGACOMC ent account on// FMO that the original check has not been a	redeemed
FAMIS Voucher Number:	Check Number:	Date of Check//
	not be re-issued if any of the following are	
	AIS show "Y" per screen 169 (S per screen 171, today's date//_ on//	
Verification completed by:		
		☐ Approved OR ☐ Denied
Employee Name	Date	
CHECK RECEIVED:	Signature	 Date