

Arkansas State University
Finance and Administration
Student Affidavit Form

- Check
- Direct Deposit
- Parent Plus Loan

First Name _____ Middle Name _____ Last Name _____

ASU ID _____ *Driver's License # or Alternate # _____ ASU Email Address _____

Billing Address _____

City _____ State _____ Zip Code _____ Phone # _____

This is to certify that I did not cash nor receive any of the proceeds from the check identified below. Further, I did not authorize anyone else to cash this check for me.

Check # _____ Check Date _____ Amount _____

Please provide the parent's name if this payment is for a Parent Plus Loan:

Parent's Name _____

Student Signature _____ Date _____

Subscribed and sworn before me on this date: _____

Place Stamp Here

Notary Public Signature _____

In order to reissue the check, please complete this form. It must be signed by a notary public and returned to the following address:
Arkansas State University, Student Account Services, PO Box 1680, State University, AR 72467.

*Please provide an alternate identification number if you do not have a driver's license, such as your Passport or I-94 number.