



**AFFIDAVIT FOR REPLACEABLE REFUND CHECK
OFFICE OF THE CONTROLLER**

**STATE OF FLORIDA
COUNTY OF LEON**

Before me the undersigned authority, authorized to take and administer oaths did appear one _____ having a Student/ Parent identification number of _____ who after first being sworn did depose and state:

- 1.) As of the date of this affidavit I have not received Check No. _____ in the amount of \$ _____ dated _____ against the Student Aid/Scholarship Account of Florida A&M University.
- 2.) I have direct person knowledge of the facts set forth in this affidavit.
- 3.) Further, I hereby swear and affirm under penalty of perjury that each and every fact set forth in the affidavit is true and correct.
- 4.) In the event that I receive the check identified in paragraph 1 of this affidavit I will immediately returned said check to the Student Financial Services Office of Florida A&M University

Further Affiant sayeth Not:

Date: _____ **Signature :** _____

Address: _____

Telephone: _____

SWORN TO AND SUBSCRIBED BEFORE ME BY _____
ON THIS _____ **DAY OF** _____, _____

Notary Public
State of Florida at Large
(Seal) _____