



WALLACE STATE

HANCEVILLE

Authorization to Mail Refund Check

I _____ hereby authorize (print full name)
(social security number)

Wallace State Community College, Financial Aid Department, to mail my refund check to the following address for the _____ Semester of 2010-2011 school year.

Type of check : _____ Pell Grant _____ Stafford Loan
(Please check one or both)

Mailing Address: _____

Telephone: _____

Student Signature

Notary

Date: _____

My commission expires: _____

SEAL

A copy of a photo ID must accompany this form. Forms submitted without proper ID will not be processed. All holds with the college must be cleared prior to any refund check being mailed. Checks will be mailed after attendance in all courses for the term has been verified by all instructors.