



ARKANSAS TECH UNIVERSITY

Doc Bryan Student Services Bldg, Room 133
1605 Coliseum Drive
Russellville, AR 72801

Ph: (479) 968-0271

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PICKING UP A REFUND CHECK

I _____ give permission to
(Student's Name)

_____ to pick up my refund and/or loan
(Person picking up Refund check)

proceeds check. I certify that I am attending classes for the _____ semester
at Arkansas Tech University.

Student ID Number: _____

Student Printed Name: _____

Student Signature: _____

Date: _____

Person picking up Refund Check must have the following three items (NO EXCEPTIONS):

- This Completed Note
- Student's ID
- The person picking up the Refund check must have their own ID