RECEIPT FOR CREDIT BALANCE

Please issue a check to the following student from the credit balance on the student's account:

Date: _____

Student's Name: _____

Phone Number: _____

Address:
Street or PO Box _____

City State Zip _____

Amount Requested: $ _____

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sign below this line when picking up your check.

_____
Stevens - The Institute of Business & Arts Official

_____
Date Issued

Student Signature: _____Date:_____