



HEALTH SCIENCE CENTER

Authorization to Release Financial Aid Checks

I, (print name) _____, do hereby request, and authorize The Texas A&M University System Health Science Center Office of Student Business Services to release my financial aid check(s) to the designated person.

(X) _____ SS# _____
Date: _____ Types of Checks: _____

To be completed by student.

Name of person you are designating to pick up your check:

CONTACT PERSON in the case of any questions. Name, address, and phone number that can be reached between 8:00-5:00 Monday-Friday.

Please specify the reason for this request:

To be completed by disburser of check (s).

Name and ID #of person receiving checks: _____.

If you have any questions please contact:
The Texas A&M Health Science Center
Andy Startz, Jr., Manager, Student Business Services
160 SRPH Administration Building
College Station, TX 77843-1266
(979) 862-5696, Fax: (979) 862-4379

OR TAMU Mail Stop 1266