MEHARRY
MEDICAL COLLEGE

Student Financial Services
Office of the Treasurer

MAIL REQUEST FORM

IMPORTANT INSTRUCTIONS:

Please complete this form in its entirety. The Form can be faxed to (615) 327-6406, along with a **photocopy** of your picture ID and signature.

Student loan checks requiring endorsement will be mailed CERTIFIED, return receipt requested. Refund checks will be mailed via regular postage.

A new Form is required for each mail request.

I, _____, authorize Meharry Medical College, to mail my
(Student's Signature)

_____ to the address indicated below. (Type of check must be specified).

PLEASE PRINT MAILING ADDRESS:

Name: _____ _____
(*Please Print*) *(Signature)*

Address: _____ Banner ID: _____

_____ Date: _____
City/State

_____ Rec'd by: _____
Zip *(Office Personnel)*

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

DATE	CHECK NUMBER	CERTIFICATION NUMBER *(Certified Mail)*	PREPARER