

## Replacement Check Request

According to information provided to me by Saint Luke's College of Health Sciences, the following check has not been cashed or deposited and I am requesting a re-issue of this check:

Payee: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

By signing below, you are requesting a re-issue of this check. Please sign below and verify your information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Once completed, please return using one of the following methods:

- Fax – 816-936-8760, Attention: Director of Bursar Operations
- Scan/Email – [sbrewster@saintlukescollege.edu](mailto:sbrewster@saintlukescollege.edu)
- Mail – Saint Luke's College of Health Sciences  
Director of Bursar Operations  
624 Westport Road  
Kansas City, MO 64111