



EAST LOS ANGELES COLLEGE FISCAL OFFICE
1301 Avenida Cesar Chavez, Monterey Park, CA 91754

LOST WARRANT AFFIDAVIT FORM

I, _____, the undersigned, declare as follows:
 (FIRST NAME) (MI) (LAST NAME)

1. I am the legal owner or custodian of the following warrant/check:

WARRANT/CHECK NUMBER _____
 DATE OF WARRANT/CHECK _____
 AMOUNT _____
 NAME OF PAYEE _____

2. I am requesting a replacement of the above warrant/check due to the reason indicated below:

- Not received through US Mail
- Received, but subsequently lost/misplaced
- Stale-dated (original check should be mailed to the Fiscal Office at the address above)
- Other: _____

3. I understand that if I find the original warrant/check after I submit this form, I cannot cash the original warrant/check but instead must return it to the Fiscal Office. If I attempt to cash the original check after submission of this form, I will be solely responsible for all fees imposed by my banking institution, which include, but are not limited to, fees for “stop payment” on the check.

FOR STUDENTS ONLY: I am aware that the replacement warrant/check will be mailed to the address on file with Admissions & Records unless otherwise noted below in the address section. **It is MY responsibility to notify the Admissions & Records Office of address change(s).**

4. The replacement warrant/check will be mailed to the address below:

 STREET ADDRESS

 CITY STATE, ZIP CODE

- Check box if the address above is different from what is on file with Admissions & Records

 SIGNATURE

 DATE

 STUDENT ID/VENDOR/EMPLOYEE #

 PHONE NUMBER

Please email the completed form to fiscaloffice@elac.edu from your LACCD student email address.