



WEST LOS ANGELES COLLEGE BUSINESS OFFICE
9000 Overland Ave, Culver City, CA 90230

LOST WARRANT AFFIDAVIT FORM

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

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 Business 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 Business 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 if the "Mailed" option is selected in section #4 below, the replacement warrant/check will be mailed to the address on file with Admissions & Records, unless otherwise noted below in section #5. It is MY responsibility to notify the Admissions & Records Office of address change(s).

4. I am requesting for the check to be Mailed Picked Up

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

STREET ADDRESS
CITY STATE ZIP CODE

Check the 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 businessoffice@wla.edu from your LACCD student email address