



WEST LOS ANGELES COLLEGE BUSINESS OFFICE
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 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 _____

For students: Email completed form to businessoffice@wla.edu from your LACCD student email address.
For employees: Email completed form to businessoffice@wla.edu from your work email address.
For vendors: Email completed form to wla-accountspayable@lacc.edu.