

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**  
**255 West Stanley Avenue, Suite 150**  
**Ventura, CA 93001**  
**Phone: (805) 652-5500**  
**Fax/Accounts Payable: (805) 652-7700**  
**Fax/Payroll: (805) 652-7709**

**AFFIDAVIT TO OBTAIN A DUPLICATE CHECK**

- |  |   |
|--|---|
| <input type="checkbox"/> District Service Center | <input type="checkbox"/> Accounts Payable |
| <input type="checkbox"/> Moorpark College        | <input type="checkbox"/> Financial Aid    |
| <input type="checkbox"/> Oxnard College          | <input type="checkbox"/> Payroll          |
| <input type="checkbox"/> Ventura College         |   |

I, \_\_\_\_\_, as legal owner, hereby declare that  
check # \_\_\_\_\_, issued to \_\_\_\_\_ in the  
amount of \$ \_\_\_\_\_ and dated \_\_\_\_\_ was:

- Lost       Destroyed       Stolen       Never Received

Address to send replacement check: \_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City, State, Zip Code)*

I understand that I, legal owner, cannot cash the check indicated above if it comes into my possession, and if received, I must return it immediately to the Ventura County Community College District Accounts Payable Office or Payroll Office from which it was issued.

I understand all the above statement and declare under penalty of perjury the foregoing to be true and correct.

Signed: \_\_\_\_\_

Student ID \_\_\_\_\_ or SSN \_\_\_\_\_  
*(Req'd for Financial Aid Checks or Student Refunds)*

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(VCCCD Employee)*

-----  
*Office Use Only (Do not write below this line)*

Date stop payment requested: \_\_\_\_\_ Confirmation# \_\_\_\_\_

Replacement check # \_\_\_\_\_ Date: \_\_\_\_\_