

# Request for NWOSU Financial Aid Check to be Mailed

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

Please send my financial aid for the \_\_\_\_\_ Fall: \_\_\_\_\_ semester to the  
\_\_\_\_\_ Spring: \_\_\_\_\_  
\_\_\_\_\_ Summer: \_\_\_\_\_

Following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you very much.

Sincerely,

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student I.D. # or Social Security #: \_\_\_\_\_

***This form must be completed each semester***