



**Institute for the Psychological Sciences
BUSINESS OFFICE
2001 Jefferson Davis Hwy, Ste 511
Arlington, VA 22202
703-416-1441**

STUDENT ACCOUNT CHECK REQUEST

Name _____

Social Security/Student No. _____

I would like to request a check in the amount of

\$ _____

from the credit on my student account. I agree I am responsible for any charges made on my student account.

Signature

Date

Business Manager

Date

Checks will be available for pickup in the Business Office within 5-7 business days from receipt of this form unless otherwise informed.