

# University of Houston-Victoria

## *CERTIFICATION*

For Checks Lost, Destroyed, Stolen, or Not Received

Owner of Check	Check No.	Check Amount	Check Date
Owner's Mailing Address	City	State	Zip Code

### *CERTIFICATION*

I certify that I am the true owner, or the authorized representative for the owner, of the check described above and that the information I furnished on this form is true and correct to the best of my knowledge and belief. I understand that I may be guilty of a criminal offense by falsifying this certificate in order to obtain money to which I am not entitled.

I certify the check described above was lost, destroyed, stolen, or not received.

I understand that a stop payment and cancellation will take place on this check upon receipt of this certification by the University of Houston-Victoria. If I receive this check after completing this certification, I will immediately return the check to the University of Houston-Victoria at the address shown below.

SIGN \_\_\_\_\_ PRINT name if authorized  
HERE \_\_\_\_\_ representative for owner \_\_\_\_\_

DATE: \_\_\_\_\_

Return *CERTIFICATION* form to:

**University of Houston-Victoria**  
**Debbie Jozwiak**  
**3007 N. Ben Wilson**  
**Victoria, Texas 77901**  
**Fax: (361)580-5512**

Call (361) 570-4852 with questions regarding this form.

Bursar Approval: \_\_\_\_\_