

# Oklahoma State University Institute of Technology

## Authorization to Pick-Up Work Study Check

I, \_\_\_\_\_ ID # \_\_\_\_\_

Authorize the Bursar or her representative to release my work study check, which is to be

Distributed on (date) \_\_\_\_\_ to:

Name \_\_\_\_\_ ID# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

**\*THIS PORTION TO BE COMPLETED WHEN WORK STUDY CHECK IS PICKED UP\***

I, \_\_\_\_\_ accept responsibility for check # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_, that belongs to the above listed individual.

Type of ID presented: OSU \_\_\_\_\_ Drivers License \_\_\_\_\_ Other \_\_\_\_\_

---

**Oklahoma State University IT  
1801 E. 4<sup>th</sup> Street Okmulgee, OK 74447**

## Authorization to MAIL Work Study Check

Name \_\_\_\_\_ ID # \_\_\_\_\_

Please mail my Work Study check for (date) \_\_\_\_\_ to the address listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_