



College of Eastern Idaho

Financial Aid Check Release Authorization

BUSINESS OFFICE

1600 S. 25th E., Idaho Falls, ID 83404-5745 • 208.524.3000 or 208.535.5351

Student must deliver this form to the Business Office and provide valid photo ID verification

Date _____

Name _____
Please Print

Program _____

Student ID _____

Phone _____

Address _____
Street

_____ *City*

_____ *State*

_____ *Zip*

I authorize College of Eastern Idaho Business Office to release my financial aid refund check to the following person or organization

Name _____
First _____ *Last*

Phone _____

Organization _____

Phone _____

Address _____
Street

_____ *City*

_____ *State*

_____ *Zip*

Relationship _____

Fax _____

This release is effective for:

A single instance only

The specified school term: _____

Student Signature

Date

FOR CEI USE ONLY

Received by
Business Office Cashier on

Date

Verified Photo ID

Cashier Initials

To Student Record (STRK)

FA Initials

Date