

<b>FINANCIAL AID MANUAL</b>		NUMBER Section III	PAGE # App 14
SECTION	<b>SELF Loan Program</b>		DATE July 2015

## SELF Check Return Form

This form can be used when returning checks to Firstmark to insure that the refund is processed quickly and correctly.

**NAME OF SCHOOL:**

**VENDOR NUMBER:**

**YOUR NAME:**

**PHONE NUMBER:**

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**STUDENT NAME** **LAST 4 DIGITS OF SSN** **AMOUNT**

**DISBURSEMENT DATE** **LOAN PERIOD**

**REASON FOR RETURN:**

**CHANGES NEEDED (REISSUE OR CANCEL FUTURE DISBURSEMENTS):**

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**STUDENT NAME** **LAST 4 DIGITS OF SSN** **AMOUNT**

**DISBURSEMENT DATE** **LOAN PERIOD**

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**STUDENT NAME** **LAST 4 DIGITS OF SSN** **AMOUNT**

**DISBURSEMENT DATE** **LOAN PERIOD**

**REASON FOR RETURN:**

**CHANGES NEEDED (REISSUE OR CANCEL FUTURE DISBURSEMENTS):**

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**Send checks to:**

Firstmark Services  
P.O. Box 82522  
Lincoln, NE 68501-2522