



**EAST LOS ANGELES COLLEGE FISCAL OFFICE**  
**1301 Avenida Cesar Chavez, Monterey Park, CA 91754**

**LOST WARRANT AFFIDAVIT FORM**

I, \_\_\_\_\_, the undersigned, declare as follows:  
 (FIRST NAME) (MI) (LAST NAME)

**1. I am the legal owner or custodian of the following warrant/check:**

WARRANT/CHECK NUMBER \_\_\_\_\_  
 DATE OF WARRANT/CHECK \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 NAME OF PAYEE \_\_\_\_\_

**2. I am requesting a replacement of the above warrant/check due to the reason indicated below:**

- Not received through US Mail
- Received, but subsequently lost/misplaced
- Stale-dated (original check should be mailed to the Fiscal Office at the address above)
- Other: \_\_\_\_\_

**3. I understand that if I find the original warrant/check after I submit this form, I cannot cash the original warrant/check but instead must return it to the Fiscal Office. If I attempt to cash the original check after submission of this form, I will be solely responsible for all fees imposed by my banking institution, which include, but are check.**

**FOR STUDENTS ONLY:** I am aware that the replacement warrant/check will be mailed to the address on file with Admissions & Records unless otherwise noted below in the address section. **It is MY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODE

Check box if the address above is different from what is on file with Admissions & Records

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 STUDENT ID/VENDOR/EMPLOYEE #

\_\_\_\_\_  
 PHONE NUMBER

Please email the completed form to [fiscaloffice@elac.edu](mailto:fiscaloffice@elac.edu) from your LACCD student email address.