

Date_____

Student Accounts Office
University of Arkansas
101 Silas Hunt Hall
Fayetteville, AR 72701

Dear Student Accounts Officer:

I am an off-campus student in the Operations Management program at the University of Arkansas
Graduate Center at _____.

Please send my financial aid check to me at the address below:

Name_____

Address _____

University of Arkansas ID Number_____

Thank you for your assistance.

Signature