



Sponsorship Processing Form

Student Accounts Office
University of Cincinnati
PO Box 210140
Cincinnati, OH 45221-0140
Phone: (513) 556-5055
Fax: (513) 556-2681

DATE: _____

STUDENT NAME (please print): _____

STUDENT ID: _____

I hereby authorize, and endorse the check to, the University of Cincinnati to act as an agent in disbursing my sponsored account check in the following manner:

SPONSOR NAME: _____

CITY: _____ STATE: _____

CHECK NUMBER: _____ CHECK AMOUNT: \$ _____

<p>I would like to have the check disbursed as follows:</p> <p>NOTE: Amounts less than \$2,000 will only be applied to Fall term.</p>	FALL TERM	\$ _____
	WINTER TERM	\$ _____
	SPRING TERM	\$ _____
	SUMMER TERM	\$ _____

STUDENT SIGNATURE: _____

STUDENT ACCOUNTS / ONE STOP EMPLOYEE INITIALS: _____

COMMENTS: _____

(attach check below)