

Check Request Form

GRAND CANYON UNIVERSITY™

Date: _____

Name: _____

Contact Number: _____

Student Organization/Club Name:

Advisor Name: _____

Advisor Signature: _____

Treasurer Signature: _____

Amount to be withdrawn: _____

Check made out to:

Pick-Up or Delivery to:

Purpose for Withdrawal (select all that apply and include description):

☐ Fundraiser: _____

☐ Event: _____

☐ Other: _____

- ☐ Invoice attached
☐ Budget proposal attached

- ☐ W-9 attached
☐ Previously Provided

For office use only:

Itemized Receipt Turned in on:

3300 West Camelback Road, Phoenix, AZ 85017 | gcu.edu

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at gcu.edu/disclosures
Grand Canyon University is regionally accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. (800-621-7440; <http://www.ncahlc.org>).