



San Francisco State University
1600 Holloway Avenue – ADM 358
San Francisco, California 94132
Fiscal Affairs-Disbursements
(415) 338-2605

Authorization to Disburse Check to a Third Party

I authorize San Francisco State University to disburse my check to:

First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State _____ Zip _____

I am unable to have the check disbursed to me in person because:

I do not want the check mailed because:

Requestor:

First Name _____ Last Name _____ Date _____

Signature: _____

Approved by:

First Name _____ Last Name _____ Date _____

Signature _____ Title _____

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