

Administration and Finance
Student Financial Services

Mail Authorization Form

Name: _____
(Please Print)

Date: _____

I hereby authorize California State University San Bernardino Bursar Office to mail any salary warrant(s) / stub(s) to the address below.

(Number and Street)

(City) (State) (Zip)

(Signature) (Email Address)

(Phone Number)

*A new authorization is required for a change in address.
*Please provide a copy of your current State ID or Driver's License.