Mail Authorization Form

Name:		
(Please Print)		
Date:		
I hereby authorize California State University San Bernardino Student warrant(s) / stub(s) to the address below.	Financial Services	to mail any salary
(Number and Street)		
(City)	(State)	(ZIP)
	(558.55)	(/
(Cianatura)	/F	1
(Signature)	(Email Addres	SS)
(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.