

**AFFIDAVIT OF LOST  
AGREEMENT OF**



**UNIVERSITY OF WISCONSIN  
WHITEWATER**

**CHECK AND  
INDEMNITY**

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, known to me, who being by me duly sworn upon his/her oath, deposed and said:

I hereby certify that the University of Wisconsin – Whitewater (herein referred to as the “University”) has issued and delivered a certain check payable to \_\_\_\_\_ with the number \_\_\_\_\_, dated \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of \$\_\_\_\_\_, which has not been received, cashed, transferred, deposited, or endorsed by me or anyone authorized to act in my behalf.

I hereby declare that the original check described above has been mislaid, and I hereby request that the University issue me a substitute check in lieu of the original check described above.

In consideration of a substitute check issued by the University, I, the undersigned, hereby agree to all of the following:

- I agree that if the original check described above is received by me or anyone authorized to act in my behalf, I will promptly return it directly to the University without endorsing it or in any way attempting to receive payment on it.
- I agree to defend, hold harmless and indemnify the University and the Board of Regents of the University of Wisconsin System and all successors and assigns from and against any and all claims or demands of whatever nature related in any way to the original check described above, and from all damages, losses, costs, and expenses – including, but not limited to, attorney’s fees to the extent allowed by law – which the University may sustain, incur, or be liable for in consequence of having issued a substitute check in lieu of the original described above.
- I agree that the University may charge my student account directly to recover any damages, losses, costs, or expenses described above.

Subscribed and sworn to before me this,

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Campus ID

# \_\_\_\_\_

\_\_\_\_\_  
Local Address

**CASHIER’S OFFICE • FINANCIAL SERVICES**

Hyer Hall 104 • 800 West Main Street • Whitewater, WI 53190-1790 • Phone 262-472-1378

My Commission expires

\_\_\_\_\_

\_\_\_\_\_  
-  
Phone  
Number\_\_\_\_\_

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