PRINT

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Student Loan Office
910 Madison Ave, Suite WP012
Memphis TN, 38163
(901)448-6773

AFFIDAVIT FORM

TO WHOM IT MAY CONCERN:

This is to certify that I (name, title, company)_____ did not endorse or receive any proceeds from the University of Tennessee Check#_____ dated _____ in the amount of $_____.

_____
(Signature)

Subscribed and Sworn to before me this the _____ day of _____, 2025.

NOTARY PUBLIC

_____

_____

MY COMMISSION EXPIRES:

_____

Please return form to the above address.