

California Maritime Academy
Authorization for Release of Pay

Name: _____
- Please Print Legibly -

Social Security Number: _____

I hereby request the California Maritime Academy Cashier's Office to forward my paychecks as follows:

_____ Please mail my paychecks through to the following address. I have supplied self-addressed, stamped envelopes:

_____ Please release my paychecks through to:

I understand the Academy is offering this service as a benefit to the student, and is not responsible for lost mail, or incorrect addresses.

Signature

Date

Return completed, signed form to Cashier. Cashier cannot process unsigned or illegible forms.