

**Dallas Independent School District
Accounting Services
UNCLAIMED PROPERTY REQUEST**



* Denotes Required Field

* Date: _____

* First Name _____ * Last Name _____

* Check Number _____ * Check Date _____ * Amount \$ _____

* Current Address _____

Email Address _____

* Phone Number _____

* Address at date of original check issue if different than current address

You may mail completed form to:

**DALLAS INDEPENDENT SCHOOL DISTRICT
ATTN: ACCOUNTING SERVICES
9400 N. CENTRAL EXPRESSWAY BOX 27
DALLAS, TX 75231**

OR

You may email completed form to:

unclaimedproperty@dallasisd.org

In addition to claim form please provide:

- Current DISD employees must provide a copy of security badge
- Individuals NOT DISD employees must provide a copy of current driver's license
- Business claimants must provide a business card in addition to a current driver's license

I hereby wish to claim my rightful ownership of these funds as noted above and affirm that the above mentioned check was never cashed and will not be cashed if found at a later date.

* Signature

* Name Printed

* Date Signed

Checks will be issued within approximately 30 dates of receipt of request.