



## Parent Information & Authorization Form

Student Name \_\_\_\_\_ SSN or D# \_\_\_\_\_  
(Please Print Full Name) (Student's ID Number)

### AUTHORIZATION AND APPLICATION OF TITLE IV FUNDS To give your authorization please check box(es).

#### PARENT (for Undergraduate students only):

##### CHECK BOX:

- If I apply for and receive PLUS Loan funds, my signature below authorizes application of Title IV, HEA funds to the student's account and if there are funds in excess of tuition and fee charges, I authorize those funds applied to the student's account for other institutional charges billed to the account for the period of the federal student loan. This authorization applies to each semester the student is enrolled, from this date forward.

##### CHECK BOX:

- In addition, I authorize funds that are in excess of current year costs to pay any prior year outstanding institutional charges. I acknowledge that this may reduce my available resources for this year.

Parent's SSN \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form by fax to: 877-453-3879.**

The parent may rescind this authorization at any time by notifying the Student Finance Office in writing. However, cancellation cannot be retroactively applied to funds already received and applied to the student's account.