

**FROSTBURG STATE UNIVERSITY
UNIVERSITY & STUDENT BILLING OFFICE**

TO: Parent PLUS Loan Borrowers
FROM: University & Student Billing Office
RE: Issuance of PLUS Loan Refunds

If you are seeking a PLUS Loan, please complete this authorization form. In those cases where a parent is due a refund (after institutional charges have been paid) the University & Student Billing Office **must** have written authorization indicating how to handle any refunds that may be due as a result of a credit balance.

The following information is required to process this request:

Signature of Parent Borrower: _____ SSN: _____

Dependent Student's Name: _____ ID: _____

Date: _____ Fall term Spring term

(Information must be printed)

The following are the options available in the event of a credit balance. Please select your preference for handling any credit balances that may be due by placing a check mark next to the number:

_____ 1. Please refund the credit balance to the applicant (parent)

Make the check payable to: _____

(Information must be printed)

Send to this address: _____

_____ 2. Please refund the credit balance to the student

Student's Name: _____

(Information must be printed)

Return to: Frostburg State University
University & Student Billing Office
101 Braddock RD
Frostburg, MD 21532-1099