



**PARENT PLUS LOAN
REFUND RELEASE AUTHORIZATION**

By signing below I, _____ (_____),
(Print Parent Borrower's Name) last 4 digits of SSN

hereby, give Plymouth State University:

a One-Time Only authorization

OR

a Blanket (on-going) authorization

to release any overpayment(s) that result from my PLUS loan to my student,

(Print Student's Name) (PSU ID# _____).

I understand that I have the right to rescind the Blanket authorization at any time.

(Parent Borrower's Signature) (Date)

Send completed form to the Bursar's Office:

- a) via mail to 17 High Street, MSC #19, Plymouth, NH 03266
- b) via fax to 603-535-2627

PSU Use Only:

(Bursar's Office Signature) (Date)