

PLUS LOAN

REFUND AUTHORIZATION FORM
(Optional)

By signing this form, you authorize your student to receive any potential refund on his/her student account, which resulted from your Parent PLUS loan. Otherwise, any potential refund resulting from a Parent PLUS loan, must be made payable to the borrower (parent).

Submission of this authorization form is not a written request for the refund.

This authorization form must be submitted each academic year in which you wish to allow your student to receive any potential refund.

Academic Year : _____

Student Name: _____

Student Number or Student Social Security Number: _____

Parent (Borrower) Name: _____

*Parent Signature and Date: _____

**(Must be signed by the parent who has borrowed the PLUS loan.)*

Return to:

Clarkson University
Student Administrative Services
Box 5615
Potsdam, NY 13699-5615

Or faxed to Anne Moomey at: 315-268-3899