

STUDENT ACCOUNTING DEPARTMENT PARENT AUTHORIZATION TO USE PLUS LOAN FUNDS

PARENT NAME _____
Last First MI

PARENT ADDRESS _____
Street Address Apt. # City State Zip Code

STUDENT NAME _____
Last First MI Student ID Number

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1. I understand my PLUS loan funds will be used to pay my student's institutional charges that include tuition, fees, room and board.
2. I understand the university will apply any excess PLUS loan funds (not in excess of \$200) to any prior academic year charges on my student's account.
3. I request the university apply any excess PLUS loan funds to any other educationally related activity charges (miscellaneous health fee, collection costs, etc.) assessed to my student's account.
4. I understand that I can choose not to have my excess PLUS loan funds applied to these other charges. If I choose not to have my loan funds applied to other charges, I understand my student's account may be blocked until the other charges owed the university are paid.
5. I understand that this agreement will be in effect until I modify or rescind it.

Parent Signature _____ Date _____

Mail this form to	Fax this form to	Scan and email this form to	Or hand deliver this form to
VCU Student Accounting P.O. Box 843036 Richmond, VA 23284-3036	(804) 828-5463	stuacctg@vcu.edu	Harris Hall, First Floor 1015 Floyd Ave. Richmond, VA 23284

