611 East Porter Street, Albion, MI 49224 Office: 517-629-0440 • Fax: 517-629-0581 financialaid@albion.edu • albion.edu/financialaid

2023-24 Parent PLUS Loan Refund Option Change

Student's First Name	Student ID #
Student's Last Name	
student's account has a credit balance, parents	nt's account to pay for allowable educational expenses. In cases where the have the option of having the refund mailed to them or having the refund issued a refund would have been indicated on the original PLUS loan application.
not go into effect until the next disbursement of	•
This form must be completed by the parent	who applied for the Parent PLUS Ioan.
I am requesting to change my Parer	nt PLUS refund to the following:
☐ Issue refund to student:	
I authorize any Parent PLUS loan o	credit balance refund to be issued to the student listed above.
☐ Issue refund to parent borro	wer:
	ny excess PLUS loan funds to the student listed above. I ce refund to be issued payable to the parent borrower via
Parent Borrower Information	
Parent Borrower Last Name	Parent Borrower First Name
Parent Borrower Home Address	·
Parent Borrower Social Security Number (I	ast 4 digits only)
Parent Borrower Date of Birth	Parent Borrower Phone Number
Optional comments:	
Parent Certification Statement	
	formation reported is complete and correct. Warning: If you purposely sform, you may be fined, sentenced to jail, or both.
Parent Borrower's Signature	