

PLUS Borrower Authorization

Academic Year _____

By signing and submitting this form, I, the PLUS loan borrower (parent), am requesting that the excess of my PLUS loan funds be disbursed directly to my student beneficiary.

I understand that my PLUS loan lender will transmit my loan electronically to Cal Poly, in compliance with the disbursement dates and amounts specified on my student’s financial aid award. My student’s Cal Poly account will reflect a credit each time a transfer of loan proceeds is made to the university, providing my student meets all criteria for receiving the funds. Should any of my PLUS loan disbursements not be fully absorbed by my student’s charges in the term for which the loan disbursement is intended, **I want the Student Accounts Office to issue the remainder to my student, rather than to me.**

Student’s Name (please print)

Student’s Poly EMPL ID Number

Borrower’s Name (please print)

Borrower’s Soc. Security No. (last 4 digits)

Borrower’s Signature

Date Signed

Borrower’s Mailing Address:
(please print)

Street or P.O. Box

City State Zip

Daytime Phone / *Cell Phone*

NOTE: Parents wishing to cancel this authorization must contact the Student Accounts Office for assistance.

SUBMIT COMPLETED AUTHORIZATION FORM TO:

**Student Accounts Office
California Polytechnic State University
1 Grand Avenue – Admin Bldg 1, Room 211
San Luis Obispo, CA 93407**

Or Fax: 805-756-2774