



Accounts Receivable

AUTHORIZATION TO USE PARENT PLUS FUNDS TO PAY FOR NON-ALLOWABLE CHARGES

DATE: _____

TO: *Tulane Accounts Receivable Department*

I _____ ,
(please print your name)

authorize Tulane University to disburse my PLUS Loan funds by crediting the account of:

Print Student LAST NAME	FIRST NAME	MIDDLE NAME	Student ID#
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and by applying my excess federal financial aid proceeds to any institutional charges beyond tuition and fees (and room and board, if applicable) that are charged to this account. Those charges may include, but are not limited to bookstore purchases, parking permits, parking fines, library fines, student health center charges, health insurance and prior semester balances posted to this student's account. I understand that this authorization will remain through subsequent years.

By federal law, Tulane must remit to you any federal financial aid excess even if there are other charges on this account. If this form is not submitted, a refund of any excess federal financial aid will be processed, and may create a balance due to Tulane.

_____ (Signature of PLUS borrower)	_____ (Borrower's Social Security #)	_____ (Date)
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