



Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2008-2009 PLUS Refund to Student Request Form

Please allow the above student to receive the refund from my parent PLUS loan.

I understand that this request is valid for all applicable PLUS loan disbursements for the 2008-2009 academic year (Fall 2008, Spring 2009, and Summer 2009).

I understand that this request must be signed by the parent that has applied for the loan and a legible copy of his/her official driver's license (for signature verification) must accompany the request in order for it to be considered valid.

If more than one parent has applied for a PLUS loan for the above student, then a separate request must be completed for **each parent borrower** if they want the refund to go to the student.

This request will apply to all future disbursements for the academic year. Allow three business days for processing.

PLUS Borrower Name: _____

PLUS Borrower Address: _____

PLUS Borrower Social Security Number: ____ - ____ - _____

Phone Number: (____) _____ - _____

PLUS Borrower Signature: _____

Date: _____

****Send this form with a copy of your driver's license to Student Financial Aid (SFA) at the address above. You may fax the information for quicker processing.**

This request can be revoked at any time by submitting a written, signed request to SFA and will apply to future disbursements only.

For Office Use Only:

RECEIVED

PROCESSING

____ Signature Verified

____ Name and SSN Match Loan Record

____ Override on Loan Record

____ Parent Emplid: _____

____ Checklist Item Entered

____ SF Notified / DATE _____