

Parent Borrower's Signature

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Today's Date

Office: 843-521-3104 **♦ Fax**: 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

Parent PLUS Loan Fee Authorization

Student's Information

Student (Legal Name):			
Last Name	First Name	Middle Name	VIP ID
		ower's Information	
Parent Borrower's Na	me (Legal Name):		
Last Name	First Name	Middle Name	
States Department of Ed PLUS Loans, only be app housing, and meal plans University to satisfy all of You are not required to However, if this authori PLUS loan funds. Cancel	ducation requires that Federal blied towards allowable institutes when applicable. However, butstanding charges appearing sign this authorization form an	Title IV financial aid funds, value ional charges such as tuition of completing this authorizate on your dependent student and if you do, you may cancel such as a parking permit was such as a parking permit was a parkin	n and fees, and university ion, you agree to allow the t's account with PLUS loan funds. It in writing at any time. Ould NOT be paid by your Parent
		horization Stateme	-
institutional charges ap authorization is valid fro this authorization at any	ty of South Carolina Beaufort to pearing on my dependent's actor the date of completion through time by notifying the Office of Bursar, Bluffton, SC 29909.	count for the academic year oughout my student's acade	r. I understand that this emic career at USCB. I may rescind