

Parent PLUS Loan Statement of Understanding

2009-2010

UNC Asheville Office of Financial Aid ♦ One University Heights ♦ University Hall CPO# 1330 ♦ Asheville, NC 28804 ♦ (828) 251-6535
www.unca.edu/financialaid

Student's Name

Student's ID #

9 3 0 _ _ _ _ _

Student's UNC Asheville Email Address

Student's Phone Number

(_ _ _) _ _ _ - _ _ _ _

The Federal Parent PLUS Loan Borrower must complete this form in its entirety.

In the event that the proceeds of the Federal Parent PLUS Loan are greater than the amount due on the student's account, **please select one option below.** No refund will be processed without this form.

- Apply any credit balance as a result of the PLUS Loan to my son/daughter's following semester. (PLA)
- Refund any credit balance as a result of the PLUS Loan to my son/daughter named above. (PLS)
- Refund and mail any credit balance as a result of the PLUS Loan to the borrower named below. (PLP)

Parent Borrower Name

Parent Borrower SSN

_ _ _ - _ _ - _ _ _

Permanent Home Address

Street: _____

City, State: _____ Zip Code: _____

Email: _____ Telephone # (_ _ _) _ _ _ - _ _ _ _

The Parent PLUS Borrower's signature below directs UNC Asheville to use the Federal Parent PLUS Loan to pay the balance due on the student's account. Any excess will be credited/refunded **as directed above.**

Parental Signature: _____ Date: __ __ / __ __ / __ __ __

(Signature must be that of the Parent Borrower)

If you would like for the student to have access to parental information, please check the box below. Parental information is **not** provided to the student without parental consent.

- I authorize the above named student to have access to my parental records

Parental Signature: _____ Date: __ __ / __ __ / __ __ __