

Accounts Receivable

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

DATE:			
TO: Tulane Accounts	s Receivable Departn	aent	
Ι	,		
(please print you	ır name)		
authorize Tulane University to	disburse my PLUS Lo	oan funds by crediting the acco	ount of:
Print Student LAST NAME	FIRST NAME	MIDDLE NAME	Student ID#
are not limited to bookstore pur health insurance posted to this s Tulane to refund the above name subsequent years. By federal law, Tulane must remain this account. If this form is not and may create a balance due to	student's account. ** ned student. I understa	If a credit balance remains on and that this authorization will nancial aid excess even if there	account, I authorize remain through are other charges on
(Signature of PLUS	borrower)	(Borrower's Social Security	#) (Date)
** Tulane may also apply no m	ore than \$200 of curre	ent year federal aid to prior ye	ar's balance.
FOI	R ACCOUNTS REC	CEIVABLE USE ONLY	
CID (Initials):			
		ess TIV funds year	
Date Entered:			
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