



I, _____, authorize Xavier University of LA to
(borrower's name)

release Parent PLUS Loan Refund Check to my student _____,

School ID#: _____.

I can be reached at the following numbers to confirm this Authorization Letter:

Cell: _____

Work: _____

Home: _____

Borrowers' Address: _____

Please print clearly and return to the Office of Student Accounts, located at Xavier South, Room 300-B. This form can also be faxed to 504-520-7987 or e-mailed to stuacct@xula.edu.

_____ Always contact the Office of Student Accounts for the Refund Schedule (504-520-7667).

BORROWER'S SIGNATURE: _____ DATE: _____

EMPLOYEE'S SIGNATURE _____ DATE _____

Date & Time Received _____ Initials _____

) (

Processing Date & Time _____ Initials _____

Disbursement Date _____