

Parent PLUS Loan Fee Authorization

Student's Information			
Student (Legal Name):		
Last Name	First Name	Middle Name	VIP ID
	Parent Borr	ower's Information	
Parent Borrower's Na	ame (Legal Name):		
Last Name	First Name	Middle Name	
We have certified a Par	rent PLUS Loan on your behalf	to benefit the dependent st	tudent named above. The United
	•	•	which includes Federal Parent
•	plied towards allowable institu		
	s when applicable. However, b	=	·
= -			nt's account with PLUS loan funds.
	sign this authorization form a		= · · ·
	·	• = •	would NOT be paid by your Parent
	ellation of this authorization ma	ay result in unpaid charges	on your dependent student's
account for which she/	he will be solely responsible.		
	Title IV Fee Aut	horization Stateme	ent
I authorize the Univers	ity of South Carolina Beaufort t	o apply any excess Parent I	PLUS Loan funds to non-
	ppearing on my dependent's ac		
= :		•	lemic career at USCB. I may rescind
	y time by notifying the Office o	= :	•
Beaufort, Office of the	Bursar, Bluffton, SC 29909.		
Parent Borrower's Signature			Today's Date

*Return this completed form by mail, fax, or in-person to:

University of South Carolina Beaufort
Attention: Office of the Bursar
One University Boulevard
Hargray Building
Bluffton, SC 29909

University of South Carolina Beaufort

Attention: Office of the Bursar

801 Carteret Street

Sandstone Building

Beaufort, SC 29902

Email: bursar@uscb.edu