

PARENT AUTHORIZATION TO USE TITLE IV FUNDS

We are in receipt of your PLUS loan application/funds.

I authorize Florida Gulf Coast University (FGCU) to receive my funds via electronic funds transfer (EFT). I understand that my signature is the same as my endorsement on a co-payable check and that I am obligating myself to repay any amount of any financial aid loan funds received in accordance with terms outlined in any Promissory Note and Notice of Loan Guarantee and Disclosure Statement that I may have signed.

I authorize that any money received will first be used to pay any FGCU financial obligations that my student may have and the remaining balance sent to (please circle one)

STUDENT

PARENT

If you would like the remaining funds sent to the PARENT, please provide us with an address where you would like the check to be mailed.

Student Name (please print) _____

Student UIN _____

Parent Signature _____

Date _____