



WAIVER FORM FOR THE FEDERAL PLUS LOAN

Parent Name _____ Social Security Number _____

Address _____

Telephone Number _____ (where you can be reached between 8 A.M. – 4 P.M.)

Name of Student _____

Student's Social Security Number _____

I have been approved for a Federal PLUS Loan for the educational costs of my son/daughter and acknowledge that the loan funds will be sent to Viterbo University. If, at the time the PLUS Loan is applied to the account by Viterbo University, there is an outstanding balance for my son/daughter (which includes, but is not limited to: tuition, fees, room, board, bookstore charges, hall damages, rental resource fines, library fines, parking fines, etc.) I understand this amount will be taken out of my loan disbursement.

If a credit balance results after disbursement of the PLUS Loan funds to my son's/daughter's account, I request that you distribute the refund as indicated:

- _____ Process a refund check directly to me and mail it to the address identified above
_____ Process a refund check in my son's/daughter's name. If the refund check is not picked up in the Business Office, please mail it to the address listed on the student's account.

I wish for this authorization to remain in effect for the following semesters (please select one box and identify year):

Fall 20____ Spring 20____ Full Academic Year (Fall 20____ and Spring 20____)

** By signing this form I acknowledge that I have read, understand and agree to the above terms and conditions.*

Parent Borrower's Signature

Date

Return one copy of this form to :
(Keep one copy for your records!)

Viterbo University
Business Office
900 Viterbo Drive
La Crosse, WI 54601

FOR OFFICE USE ONLY:

Date sent to parent _____ Date Returned _____

of credits carried ____ Date check processed & balanced sent (if applicable) _____