



WAIVER FORM FOR THE FEDERAL PLUS LOAN

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 applied for a Federal PLUS Loan for the educational costs of my son/daughter and acknowledge that the check/ electronic funds transfers will be sent to Viterbo University. I understand that by signing the waiver form, Viterbo University will send me the check for my endorsement and that I am to return the check to Viterbo for processing. If, at the time the check is returned to Viterbo University, there is an outstanding bill for my son/daughter (which includes, but is not limited to: tuition, fees, room, board, hall damages, rental resource fines, library fines, parking fines, emergency short term loans, etc.) this amount will be taken out of my check.

If a credit balance results after application of the PLUS check/EFT to my son's/daughter's account, I request that you process the refund as indicated:

- _____ Mail a refund check directly to me.
- _____ Keep the refund on account to be applied against further charges.
- _____ Mail the refund check to my son/daughter at the address listed below:

Student's Address _____

Student's Telephone No. _____

** By signing this form I acknowledge that I have read and understand the above and agree to adhere to them..*

Parent Borrower's Signature

Date

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

Viterbo University
Financial Aid Office
900 Viterbo Dr.
La Crosse, WI 54601

FOR OFFICE USE ONLY:

Date sent to parent _____ Date Returned _____

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