CHAPMAN UNIVERSITY

Release Authorization of Parent Plus Funds

Student ID#: _____

Student Name: _____

I, _____ (Parent Name) hereby authorize Chapman University to refund the

credit balance from my Parent Plus Loan to my student.

This release is valid from ____/____/____ to ____/____/____*
*A specific end date is required, if not provided the date will default to one year from the start date

Parent Signature: _____   **Date**: _____

 Please submit form to the Business Office -
    Location: Bhathal Student Services Center behind the Law School
    Email: ocbusn@chapman.edu
    Fax: (714) 744-7995

For Business Office Use Only

Date Entered: _____

Processed by: _____