



OFFICE OF THE BURSAR

TELEPHONE 912 358-4044
FACSIMILE 912 358-3669

BORROWER'S AUTHORIZATION TO RELEASE PLUS REFUND

Select Term: Fall 20_____ Spring 20_____ Summer 20_____

Borrower's Name: _____ SS # (last four): _____

Student's Name: _____ SSU ID #: _____

By my signature, I authorize Savannah State University to:

- Release the proceeds of my PLUS loan disbursements to the account of the student on whose behalf this loan was made and the excess be refunded to the student's account.
- Apply Title IV funds (PLUS loans) to any non-institutional charges or prior year balances on the student's account.
- Validate my signature by submission of a copy of my Driver's license or State ID along with the Borrower's Authorization form faxed to 912-358-3669 or delivered to the Office of Student Accounts in Hill Hall (1st Floor, Room 104) no later than the deadline date posted on the Savannah State University's Academic Calendar.
- Resend the rights and privileges of this form if this authorization has been fraudulently submitted (**Note: STUDENTS ARE NOT PERMITTED TO SIGN THIS FORM**). Also, I understand this form expires at the end of the semester requested and a new form should be submitted for any future requests.

Borrower Signature

Date

Telephone Number