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# PARENT INSTITUTIONAL AUTHORIZATION

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Students Name: \_\_\_\_\_

Parent Name : \_\_\_\_\_

I understand that I have been approved for a PLUS loan to assist with the cost of education for my child

Agree                  Disagree

I authorize American University of Health Sciences (AUHS) to credit my PLUS loan funds to my child's account by check or EFT for tuition and other educational costs.

Agree                  Disagree

Should my child's account show a \*credit balance for any tuition period that has been caused by a disbursement of PLUS funds, I authorize AUHS to apply these funds to a future tuition period as long as it does not prevent from covering tuition charges for a current period.

Agree                  Disagree

I understand that if there is a credit balance on my child's account resulting from a Title IV or state refund calculation, the funds will be used to reduce my child's Title IV debt.

Agree                  Disagree

I understand that I may re