



Student Accounts Office  
San Luis Obispo, CA 93407

### PLUS Borrower Authorization

By signing and submitting this form, I, the PLUS loan borrower (parent), am requesting that the excess of my PLUS loan funds be disbursed directly to the student beneficiary. Unless I cancel this authorization in writing, it will remain in effect for the duration of the current financial aid award year.

I understand that my PLUS loan lender will transmit my loan electronically to Cal Poly, in compliance with the disbursement dates and amounts specified on my student's financial aid award. My student's Cal Poly account will reflect a credit each time a transfer of loan proceeds is made to the University, providing my student meets all criteria for receiving the funds. Should any of my PLUS loan disbursements not be fully absorbed by my student's charges in the term for which the loan disbursement is intended, **I authorize the Student Accounts Office to issue the remainder to my student, rather than to me.**

\_\_\_\_\_  
*Borrower's Name (Please print)*

\_\_\_\_\_  
*Borrower's Social Security Number*

\_\_\_\_\_  
*Student's Name (Please print)*

\_\_\_\_\_  
*Student's Social Security Number*

\_\_\_\_\_  
*Borrower's signature*

\_\_\_\_\_  
*Date signed*

**Borrower's mailing address:**  
*(Please print)*

\_\_\_\_\_  
*Street or P. O. Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Daytime phone*

**NOTE:** students or parents wishing to cancel this authorization must contact the Cal Poly Student Accounts Office for assistance at (805) 756-1428. This authorization will expire at the end of this financial aid award year and will need to be renewed for each aid year a PLUS loan is awarded.

**REMIT COMPLETED FORM TO:**

Cal Poly San Luis Obispo  
Student Accounts Office  
Administration Building, Room 211  
San Luis Obispo, CA 93407  
**FAX: (805) 756-2774**