



## Release Authorization of Direct Parent Plus Funds

**Student ID#:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

I, \_\_\_\_\_ (Parent Name) hereby authorize Chapman University for the following reasons.

Please select the following boxes to authorize.

☐ : Refund the credit balance from my Parent Plus Loan to my student.

☐ : Apply the Parent Plus Loan to other non-educational related charges such as library fines, late fees, damage fines, and other miscellaneous charges.

Providing this annual authorization is not required, and you have the option to change your authorization at any time by emailing the Student Business Services Office.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit the form to the Business Office:**

Location: Bhathal Student Services Center, behind the Law School

Email: ocbusn@chapman.edu