

For Parent PLUS Borrowers

Complete and return this form to the Office of Financial Aid

I authorize California Institute of the Arts to apply my PLUS Loan proceeds to any and all charges incurred by _____ (students name).

I also authorize application of these funds to any prior outstanding balance, if any. Any excess funds will be returned to me at the address indicated below. I understand that this authorization will remain on file in the Office of Accounting. I may rescind this authorization at any time.

Plus borrower's name (please print)

PLUS borrower's e-mail address

Address

City State Zip

Signature