



PLUS RELEASE FORM

STUDENT INFORMATION:

Name _____

Student ID # _____

PARENT INFORMATION:

Legal Name _____

Mailing Address _____

I, the Parent of _____ authorize Abilene Christian University to release any unused Parent Loan funds as indicated below.

____ Please leave credit balance on account to assist with future expenses.

Or:

Make refund check payable to the following:

{Check one of the following}

____ Parent (Borrower)

____ Student

Parent Signature: _____ Date: _____

Completed form may be faxed to 325-674-6850 or mailed to
Student Financial Services, ACU Box 29007, Abilene, TX 79699-9007