



**XAVIER UNIVERSITY OF LOUISIANA**  
**Office of Fiscal Services**  
**Student Accounts Department**  
**Authorization Letter**  
**Release of Parent PLUS Refund Check**

I, \_\_\_\_\_, authorize Xavier University of Louisiana to  
(borrower's name)

release **this** Parent PLUS Loan Refund Check to my student \_\_\_\_\_,

Student ID#: \_\_\_\_\_.

I can be reached at the following numbers to confirm this Authorization Letter:

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Borrowers' Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please print clearly and return to the Office of Student Accounts, located at Xavier South, Room 300-B. This form can either be faxed to 504-520-7987 or e-mailed to [stuaccts@xula.edu](mailto:stuaccts@xula.edu).

**Reminder:** Always contact a Student Accounts Representative for The Parent Plus Loan Refund Schedule.

BORROWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Office of Student's Accounts Department Use Only**

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date & Time Received \_\_\_\_\_ Initials \_\_\_\_\_  
(fax or walk-in)

Processing Date & Time \_\_\_\_\_ Initials \_\_\_\_\_

Disbursement Date \_\_\_\_\_