



**\* \* \* \* \* Plus Loan Release Authorization \* \* \* \* \***

**Plus Loan Applicant:** \_\_\_\_\_

**Soc Sec # or Student ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize Eastern Oregon University to apply my Plus Loan to the account of:**

\_\_\_\_\_  
**(Name of Student)**

\_\_\_\_\_  
**(Social Security # or Student ID #)**

**This authorization will stay in effect as long as my student is enrolled at Eastern Oregon University. Any amount in excess of what is owed to Eastern Oregon University will be:**

**Refunded to my student**    **OR**     **Refunded to the bank**    **OR**     **Refunded to me**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature)**

**Note: Please return this Plus Loan Release Authorization form to: Student Accounts Office, Eastern Oregon University, One University Blvd., La Grande, OR 97850. You may also FAX this form to (541) 962-3872. If you have any questions, please call the EOU Student Accounts Office (541) 962-3590. Thank you.**