



FINANCIAL AID RETURN AUTHORIZATION FORM

Student Name: _____ **St ID:** _____

By signing this form, I authorize Eastern Oregon University to return the following funds back to the lenders of the loans selected below.

Please return: () Specific Amount: \$ _____ *or*

() Any excess credit balance after EOU student account is paid.

☐ FEDERAL DIRECT SUBSIDIZED LOAN

☐ FEDERAL DIRECT UNSUBSIDIZED LOAN

Student Signature: _____ **Date:** _____

☐ FEDERAL DIRECT Parent PLUS LOAN

Parent Loan Borrower Name: _____ SSN: _____

Parent Loan Borrower Signature: _____ Date: _____

(Who should sign? Parent Plus Loan: Parent Signature—Sub/Unsub Loans: Student Signature)

Return Money To Lender During the Following Term(s):

☐ Fall

☐ Spring

☐ Winter

☐ Summer

Only Applicable for CURRENT Academic Year