

2020-201

Parent PLUS Loan Refund Authorization

Student's Name (PRINT):				Phone: ()	
HCC ID:(9-digit number required)	Date of Birth:	/	J	Home Campus:		
(9-digit number required)				(Prin	nary location of attendance)	
Federal law requires that any exwriting) by parent borrower to			s be ret	urned to the parent borrow	ver unless authorized (in	
TO BE COMPLETED BY T	HE PARENT BOF	RROWE	R ON	LY:		
By completing and returning th account which resulted from yo	•	_			d on your student's	
Please check the appropriate o	otion:					
☐ Refund to Student				☐ Refund to Parent (Borrower)		
PLEASE PRINT						
Parent (Borrower) Name:						
Parent (Borrower) Address:						
Parent (Borrower) Signature:						
This authorization is v				ic year and/or loan p Community College.		
Please return this	form to your H	ouston	Comi	munity College Finan	cial Aid Office.	
		Certif	ication			
By signing below, I/we acknow	-			•	, , , -	
false or misleading informatior whose information was reporte					is dependent, one parent	
Parent Signature:				Date:		

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

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