

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 Borrow	er Name:	SSN:
Parent Loan Borrower Signature:		Date:
(Who should sign? Parent Plus Loan: Parent Signature—Sub/Unsub Loans: Student Signature)		