

| 1, | (borrower's name) | , authorize | e Xavier University of LA to |
|------------------|--------------------------|-------------------|--|
| | (SSITOWEL S HAIRE) | | |
| release F | Parent PLUS Loan Refund | d Check to my stu | udent, |
| School I D#: | | · | |
| I can be reac | hed at the following num | bers to confirm | this Authorization Letter: |
| Cell: | | | |
| Work: | | | |
| Home: | | | |
| Rorrowers' A | ddress: | | |
| DOLLOWCE 3 A | uui 033 | | |
| | | | |
| Please print cl | • | ffice of Student | Accounts, located at Xavier Sou 987 or e-mailed to <u>stuaccts@xula</u> |
| Alv (504-520-766 | 3 | f Student Accour | ts for the Refund Schedule |
| BORROW ER'S | SIGNATURE: | | DATE: |
| | | | |
| EMPLOYEE'S | SIGNATURE | | _ DATE |
| Date & Time F | Received | I nitials | |
| Processing Da | te & Time | I nitials | |
| Disbursement | Date | | |