



MASSACHUSETTS
COLLEGE of PHARMACY
and HEALTH SCIENCES

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Parent PLUS Refund Authorization

Student Name _____ MCPHS ID _____

Federal law requires that any excess Parent PLUS Loan funds be returned to the parent borrower unless authorized (in writing) by the parent borrower to be released to the student.

This form is to be completed by the PARENT BORROWER ONLY. This authorization will hold for the entire period the student is enrolled at MCPHS University.

By signing this form, you authorize MCPHS University to refund any credit balance, generated from a Parent PLUS Loan, directly to the student. Otherwise, any potential refund resulting from a Parent PLUS Loan will be payable to the parent borrower.

Parent (Borrower) Name

Parent (Borrower) Signature

Date

*****Please return completed form to the Office of Student Financial Services*****