



Mailing Address:
Office of Financial Aid
1179 University Drive
Newark, OH 43055
740-366-9435
finaid@cotc.edu
FAX: 740-364-9533

Federal PLUS Loan Release Form

Student Name: _____ SSN: _____ COTC ID: _____

I, _____, borrower of a Federal Plus Loan, give my son or daughter, _____, permission:
Parent name (please print) Student name (please print)

(Please check one option below that will be effective for the 2009-2010 academic year. It is the parent's responsibility to notify Fees & Deposits to change this arrangement.)

- to pick up any Federal PLUS loan refund checks made out in my name; OR
to have the Federal PLUS loan refund checks made out in the student's name; OR
to have the Federal PLUS loan refund direct deposited to the bank account the student has setup; OR
I, the parent, would like the Federal PLUS loan refund checks sent to me at my home address listed below and my child does not have permission to pick up these checks; OR
I, the parent, am the only person authorized to pick up Federal PLUS loan refund checks.

If we have not received this form filled out from you, the parent and borrower, a check will be made out to you and mailed to your home address.

Parent Signature: _____ Date: _____

Parent Social Security Number: _____

Parent Address: _____

Parent Email Address: _____

Student Signature: _____ Date: _____