

Authorization of Parent Funds To Be Paid To Student

Student Name: _____

Student SSN: _____

Parent Borrower Name: _____

Parent SSN: _____

I, _____, do hereby authorize
Kansas State University to pay the proceeds from my parent loan to my
student, _____.

Parent Borrower Signature: _____

Date: _____

Mail form to: KSU Cashiers Office
211 Anderson Hall
Manhattan, KS 66506

FAX form to: 785-532-6454

Form must be received before funds are paid to student.

CANCELLATION OF AUTHORIZATION

I, _____, no long authorize Kansas
State University to pay the proceeds from my parent loan to my student,
_____.

Parent Borrower Signature: _____

Date: _____
