

Release of Parent Check to Student

Form must be completed at the beginning of each semester.

Student Name: _____

Student SSN: _____

Parent Borrower Name: _____

Parent SSN: _____

I, _____, do hereby give permission for my student, _____, to pick up the parent credit balance refund check made out in my name.

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 check can be released.

CHECK PICK UP

Student signature required at time of check pick up. Student will also need to show ID.

Student Signature: _____

Date Picked Up: _____
