

LONGWOOD UNIVERSITY

STUDENT ACCOUNTS OFFICE

FEDERAL FINANCIAL AID RELEASE STATEMENT

FOR PARENT PLUS LOANS

_____ I request the Student Account's office apply any excess financial aid from my Parent Plus loan to **any** non-institutional charges on my student's account (institutional charges include tuition, fees, room charges and meal plan charges.) I understand I can choose not to have my excess Parent Plus loan funds applied to these other charges. If I choose not to have the excess funds applied to other charges, I understand my student's account may be blocked until such time all charges are paid in full.

_____ I understand I can modify or rescind this agreement at any time.

NOTE: Longwood University will per Federal Regulation apply up to \$200.00 to any prior term charges.

Parent Signature: _____
(maker of loan)
Date: _____

Student Name: _____

Student ID Number _____

Local Phone Number _____

Email Address _____

Mail/Fax/Deliver this form to:

Office of Cashiering & Student Accounts, Longwood University, 201A Eason Building, Farmville, Va. 23909.

Fax: 434-395-2635