

**THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER**

**Student Loan Office
62 South Dunlap, Suite 107
Memphis, TN 38163
(901) 448-6773
(901) 448-6795 fax**



Plus Loan Authorization for Parents

Parent's Name: _____

Telephone Number: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Student's Name: _____ **Student ID Number:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Telephone Number: _____ **College and Year of Student** _____

As attested to by my signature, I hereby request and authorize the University of Tennessee Health Science Center, to deposit the PLUS loan check from our (my) son/daughter's financial aid to pay outstanding registration fees. I acknowledge that my child is personally responsible for paying these fees if for any reason financial aid is not received.

Check the questions that apply to your situation:

_____ If there is a refund check from the PLUS loan check; I prefer that UT would give the check to my son/daughter.

_____ If there is a refund check from the PLUS loan check; I prefer that UT send the remainder of the check directly to me at the above parent's address.

_____ I understand that I may rescind this authorization at any time prior to the first day of my child's classes upon written notification to the Bursar's Office.

Signature of Parent _____ **Date** _____

Faxed to: _____ **Fax#** _____ **Date** _____