



ONLINE
Tel: 866.527.5268 (Toll Free)
AUGUSTA
Tel: 207.213.2500
CEDAR FALLS
Tel: 319.277.0220
CEDAR RAPIDS
Tel: 319.363.0481

DAVENPORT
Tel: 563.355.3500
DES MOINES
Tel: 515.727.2100
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Tel: 301.766.3600
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Tel: 877.320.5430

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Tel: 402.474.5315
MASON CITY
Tel: 641.423.2530
MILWAUKEE
Tel: 414.223.2105

OMAHA
Tel: 402.431.6100
ROCKVILLE
Tel: 301.258.3800
SOUTH PORTLAND
Tel: 207.774.6126
ST. LOUIS
Tel: 314.205.7900

PARENT AUTHORIZATION TO HOLD EXCESS FUNDS:

Kaplan University disburses federal Title IV funds to the student's account in order to apply those funds tuition and fees. If the funds received exceed the current charges, you may choose to have Kaplan University hold those funds on the student's account to apply toward tuition and/or applicable fees from the current academic year, or you may opt to have the credit balance released on a term-by-term basis. You may authorize the credit balance to be sent to you (the parent) or to the lender as a refund. Please refer to the student's financial aid award letter as a guide to your financial planning.

Please select **only one** option below.

I **authorize** Kaplan University to retain any Title IV funds in excess of the current charges on the student's account. This may be done to help me budget these funds and make them available to pay unpaid tuition and/or applicable fee charges from the current academic year. I understand that Kaplan University will refund any remaining excess funds **to the lender** at the completion of any academic year, and that this authorization will remain in effect until I submit a written request to rescind it.

I **authorize** Kaplan University to retain any Title IV funds in excess of the current charges on the student's account. This may be done to help me budget these funds and make them available to pay unpaid tuition and/or applicable fee charges from the current academic year. I understand that Kaplan University will deliver any remaining excess funds **to the parent** at the completion of any academic year, and that this authorization will remain in effect until I submit a written request to rescind it.

I **do not authorize** Kaplan University to hold any credit balance to be applied to future charges. Please deliver **to the parent** any credit balance created by the PLUS Loan remaining on the student's account. I understand that I should speak to Kaplan University's financial aid staff to discuss my responsibilities for future terms.

By submitting this completed form you are also acknowledging:

- If the student has unpaid educationally related charges from the previous academic year (tuition, fees, etc), up to \$200 of the current year excess funds may be used to pay off or reduce the prior year balance, as allowed by federal regulations.
- I am canceling any authorizations indicated on any previously submitted versions of this form; only authorizations indicated on this current version of the form will be in effect.
- Unless otherwise indicated, the option selected on this form applies only to credit balances in which the parent is the borrower.
- To cancel or modify any information on this form I must do so in writing to the Financial Aid Office.
- If I have questions about this process or this form in general I should contact the Financial Aid Office.

Parent Signature: _____ Date: _____

Parent Name (printed): _____

Student Name: _____ Student Number: _____