



Labouré College

**One-Stop Student
Service Center**

Phone: (617) 322-3517

Fax: (617) 296-7947

Federal Financial Authorization Form – Parent Loan Borrower

Name of Parent PLUS Loan Borrower _____

Student Name _____ Student ID# _____

E-mail _____ Telephone number _____

I understand that this authorization is voluntary and will remain valid. Labouré will continue to withhold the credit balance for future semester(s) unless a written request to cancel is received by the One-Stop Student Service Center.

- YES.** I voluntarily authorize Labouré College to retain and manage my FSA credit balance as described above, and I acknowledge that the interest will not be earned on these balances. I understand the authorization may be withdrawn at any time by providing a written request to the One-Stop Student Service Center.
- NO.** I do not authorize Labouré College to hold my credit balance and understand that any credits will be refunded to me within 14 days of the disbursement.
- NO.** I do not authorize Labouré College to hold my credit balance and understand that any credits will be refunded to my child, within 14 days of the disbursement.

PLUS Loan Borrower Signature _____ Date _____

Please sign and return this form to One Stop Student Service Center:

Labouré College
One-Stop Student Service Center
303 Adams Street
Milton MA 02186