

Parent Borrower's Signature:

Date Parent Borrower Signed:

Upload to: sfa.msstate.edu/dawg-documents Mail to: Post Office Box 6035 Mississippi State, MS 39762-6035

Parent PLUS Loan – Change Refund Options 2025-2026

Student's Name	MSU ID (9-digit)	
To ap	This is NOT a Direct PLUS Application oly for Direct Plus Ioan, please visit student	aid.gov
cases where the student's according the refund issu. This form should be used to ch	ange the refund option that was initially reported o	f having the refund mailed to n your Parent PLUS Application.
I am reque	sting to change my Parent PLUS refund to t	he following:
☐ Issue to Student:	I <u>authorize</u> any PLUS loan credit balance refund to be issued payable to the student listed above.	
☐ Issue to Parent Borrower:	I do <u>NOT</u> authorize the release of ANY excess PLUS loan funds to the student listed above. I request any PLUS loan credit balance refund to be issued payable to the parent borrower via paper check.	
	Parent Borrower Information:	
Parent Borrower Last Name:	First Name:	Middle Initial:
Parent Borrower Home Addre	ss:	
Street:	City & State:	Zip:
Parent Borrower's Social Secu	rity Number (Last 4 digits):	
Parent Borrower's Date of Birt	h:	
Parent Borrower's Phone Num	ber:	
	Parent Certification Statement:	
	hat all the information reported on it is complete a ing information on this form, you may be fined, sen	