

Name: _____

Parent Signature:

2023 – 2024 Federal Direct Parent PLUS Release of Funds to Student Authorization

Lansing Community College Financial Aid Office Gannon Building Suite #2306 411 N. Grand Ave. Lansing, MI 48933 Ph: (517) 483-1200 (Option 1) Fax: (517) 483-1170 financialaid@lcc.edu

Username: _____

Parent Borrower Relea	ase of Funds Authorizati	on		
certify that I,, authorize LCC to refund Federal Direct Parent PLUS loan funds to the				
student. I understand	that only funds not used	I to pay direct LCC o	costs will be refunded.	
	ave a physical, wet signa a notary. The signature			Direct Parent PLUS Loan, and it ed.
		For Notary Use	Only	
State of City/County of:				
On	, before me,		personally appeare	ed, (printed name of signer)
(date)	(1	Notary's Name)		(printed name of signer)
and proved to me on the basis of satisfactory evidence of identification				
to be the above named person who signed the foregoing instrument.				
WITNESS my hand and	d official seal			
Notary Signature:		Му	Commission Expires Or	า:

Date: _____