

**A**

**D**

STUDENT NAME (print): \_\_\_\_\_ REED ID#: \_\_\_\_\_

Reed College is authorized to refund excess Direct PLUS Loan funds as stated below. This authorization is valid for the entire academic year in which it is signed. I understand that I may rescind, in writing, this authorization at any time.

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**Direct PLUS Loan excess refund to** (parent signature required):

Student-Fall

Student-Spring

Parent Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Return completed form to:  
Reed College Business Office  
3203 SE Woodstock Blvd  
Portland, OR 97202-8199  
(503) 777-7505 phone (503) 788-6687 fax