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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.

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

Student-Fall

Student-Spring

Parent Name (print): _____

Address: _____

Parent Signature: _____ Date: _____

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