

Student ID _____



2024-2025 Parent PLUS Loan Release Form

Please print clearly

Student's Information

_____	_____	_____	_____
Last Name	First Name	M.I.	SSN#
(____) _____ - _____	_____		
Phone Number	Email Address		

This authorization allows the PLUS loan proceeds to be used to pay semester institutional charges (tuition and fees) as well as non-institutional charges (charged textbooks, parking fees, etc.). If the loan is more than sufficient to pay the balance at Manhattan Tech, a credit balance refund will be issued to the above-named student. This authorization will remain in effect as long as the above student is enrolled at Manhattan Tech or until I provide, in writing, to the Office of Financial Aid, a request to withdraw this authorization.

By signing below, I authorize Manhattan Area Technical College to apply my Direct PLUS loan to the account of the student noted above.

Parent Borrower's Name: _____ Borrower's SSN: _____

Parent Borrower's Signature: _____ Date: _____

Return to: Manhattan Area Technical College, Office of Financial Aid, 3136 Dickens Avenue, Manhattan, KS 66503, [Secure File Upload](#), or fax to (785) 670-6043.