

**THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER**

**Student Loan Office  
910 Madison Ave, Suite WP012  
Memphis, TN 38163  
(901) 448-6773  
(901) 448-6795 fax**



**Plus Loan Authorization for Parents**

**Parent's Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **College and Year of Student** \_\_\_\_\_

As attested to by my signature, I hereby request and authorize the University of Tennessee Health Science Center, to deposit the PLUS loan check from our (my) son/daughter's financial aid to pay outstanding registration fees. I acknowledge that my child is personally responsible for paying these fees if for any reason financial aid is not received.

**Check the questions that apply to your situation:**

\_\_\_\_\_ If there is a refund check from the PLUS loan check; I prefer that UT would give the check to my son/daughter.

\_\_\_\_\_ If there is a refund check from the PLUS loan check; I prefer that UT send the remainder of the check directly to me at the above parent's address.

\_\_\_\_\_ I understand that I may rescind this authorization at any time prior to the first day of my child's classes upon written notification to the Bursar's Office.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faxed to:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Date** \_\_\_\_\_