

233 Glenbrook Road, Unit 4100

Storrs, CT 06269-4100 Fax 860-486-5234

FSA Credit Balance Hold Authorization Cancellation/Modification Request (Parent)

Student Name	Student ID#	
refund you, Department of Educat parent borrower. A credit balance	Connecticut to cancel your credit balan ion regulations require that we obtain occurs when the university credits Fecture and the total amount of those fun	written authorization from the Jeral Student Aid (FSA) Parent
borrower. This cancellation or mo effect on the date that the school	nd is valid from the date that the schoo dification of the original authorization receives it from the parent. The funds ar days after the university receives you	is not retro-active, it takes will be paid directly to the
Please check all that apply:		
Authorization requ	iversity of Connecticut to cancel my ori uest and process a refund of any credit my Parent Plus Loan funds.	_
I authorize the Uni Authorization requ	iversity of Connecticut to modify my or uest.	iginal FSA Credit Balance
I authorize the Uni amount of \$	iversity of Connecticut to now hold a FS 	SA Credit Balance in the
Parent Name (Printed)	Parent Email (if available)	Parent phone number
Parent Signature	 Date	
Please sign and mail or FAX to: University of Connecticut Bursar's Office		