

# Student Authorization

*Use this form to allow us to transfer your money from one semester to another...*

I give SUNY Plattsburgh permission to apply my financial aid overpayment from *(semester and year)* \_\_\_\_\_ toward my prior balance of \$ \_\_\_\_\_ from *(semester and year)* \_\_\_\_\_.

Date *(mm/dd/yy)* \_\_\_\_\_ Student's ID \_\_\_\_\_

Student's Name *(please print)* \_\_\_\_\_

Student's Signature \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name *(if using PLUS loan - please print)* \_\_\_\_\_

Parent's Signature *(if using PLUS loan)* \_\_\_\_\_