Financial Aid and Scholarships University of California, Davis One Shields Avenue Davis, CA 95616-8596

**PLUSAU** 

FAX: (530) 752-6667 financialaid.ucdavis.edu

**Contact An Expert** 

## 2023-24 Parent Direct PLUS Authorization

Student Name:	Student ID:
Student Date of Birth:	
Parent Name:	Relationship to Student:
Parent Email:	Last 4 Digits of SSN:
Phone:	
on-campus students). You may authorize educationally related charges incurred at t fees. You have two options:  Authorize: If applicable, I authorize educationally related charges incurred	to use my Direct PLUS Loan to pay for other
Please note: Changes to your authorize consecutive quarter.	ation submitted with this form will become effective in the next
Parent's Signature:	Date: