COMPLETE SECTION A-D

SAN FRANCISCO STATE UNIVERSITY
RETURNED FINANCIAL AID RECORD
for FEDERAL PARENT PLUS LOAN

Section A: Parent Information

NAME: _____

ADDRESS: _____

_____

PHONE: _____ **EMAIL:** _____

Section B: Student Information

NAME: _____

SF STATE ID#: _____

Section C: Payment/Disbursement Information

Date Funds Returned: _____

Original Financial Aid Disbursement Date: _____

Amount Returned by Parent: _____

Type of Aid Returned: FEDERAL PARENT PLUS

Semester/Year: _____

Reason for Return: _____

_____

FOR OFFICE USE BELOW

Payment/Disbursements

FOR OFFICE USE BELOW

REFUND AND REPAYMENT CALCULATION

Source	A Amount Awarded	B Amount Authorized .995* or .975**	C Total Aid Paid to Inst. Costs	D (B-C) Total Aid Paid as Cash	E BURSAR'S Refnd Amt (see back)	F (B-E) *FDL (A-E) Balance	G OSFA Repayment Amount	H (E-F) Revised Amount
FED DIRECT LOANS								
*Unsubs						*		
*Subs						*		
**Parent Plus						*		
PERKINS								
FEDERAL PELL								
FSEOG								
SUGP								
EOPG								
CAL GRANT								
TOTAL AMOUNT								

Bursar's Office

_____

Signature/Date

OSFA Counselor

_____

Signature/Date

Section D: Parent's Signature/Date

FAFDSL/Rev 09/03/10/AF