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T 323-259-2548

E finaid@oxy.edu

W www.oxy.edu/financial-aid

PARENT PLUS FUNDS AUTHORIZATION FORM

Student's Last Name	Student's First Name	M.I.	Oxy ID or Last 4 Digits of SSN
disbursement to pay for n \$200 or less) other than to	ntal College to use my Federal Paren ny student's allowable educationally uition, fees, on-campus housing and s, parking fines, music lessons, Occio rges.	related charge a meal plan (if	s (including prior year charges of applicable). Examples of such
excess funds on my behal College will maintain any	ent's financial aid exceeds their charger. The amount of any excess funds is such funds in a subsidiary ledger access cover these excess funds.	available to vie	w online at any time. Occidental
meal plan (if applicable) a	carily in order to be assured that my nd other charges will be paid in a time is available to me at any time from the second control of the control of the second control of the	nely manner an	d understand that a detailed
College unless I cancel or staff. I may refuse to auth authorization will not be r	uthorization is effective for my stude modify this authorization in writing value orize any individual item on this stat retroactive; it would take effect the college Student Business Services.	vith Occidental ement but any	College Student Business Services cancellation or modification of this
	e is unable to accept digital signatu DOC. This particular form may also	•	
Parent's Signature		2	 Date