



**Winston-Salem State University  
Parent Title IV Authorization Release**

Banner ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Parent Name: \_\_\_\_\_  
First Name Middle Initial Last Name

**Non- Institutional Charge and Prior Year Balance Authorizations**

Federal Regulations require authorization to apply Parent Plus Loan funds to pay for non- educational charges (books, supplies, housing damages, parking fines, library fines, breakage fees, late registration fees, return check fees, medical charges, or any other charges not directly related to taking a class). Permission is also required to allow excess federal funds to remain on the student's account for a future semester. Without your written consent, all excess funds will be refunded and payment will not be made toward outstanding charges. As a result, a financial hold will be placed on the Student's Account preventing them from future course registration/drops or transcript releases until the account is paid in full.

***Outstanding Charges: Please Initial***

\_\_\_\_\_ I agree to grant WSSU permission to allow my Federal Plus Loan to pay for all outstanding charges on my student's account.

\_\_\_\_\_ I disagree and do not grant WSSU permission to have my Federal Plus Loan pay for any charges outside of the allowable tuition, fees, room and board charges. By checking this box, I understand the following:

1. I may receive a refund check and my student may still owe money to WSSU.
2. My student's account may be placed on hold which could prevent future registration or release of grades or academic transcripts.

I understand that this authorization will remain valid throughout my enrollment period (date of signing through graduation) and I can rescind this authorization in writing at any time and will take effect on the date that WSSU receives such notification.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail, Fax or Deliver to:  
Winston-Salem State University  
Student Accounts & Cashiering  
Suite 200 Thompson Center  
601 S. Martin Luther King Jr. Dr.  
Winston-Salem, NC 27110  
Fax Number: 336-750-2811**