



PARENT AUTHORIZATION FOR RELEASE OF FUNDS TO STUDENT

To: Office of Student Financial Services.
LIM College
12 East 53rd Street
New York, NY 10022

Phone: 212-752-1530 **Fax:** 212-750-3473

From: _____ (Please print or type Parent's/Borrower's Name)

I am the parent/borrower of the following loan: _____ (Name/Type of Loan).

I understand that the loan funds will be disbursed to LIM and I authorize LIM to release the resulting credit balance to: _____ (Student's full name),

_____ (ID#) for the following semester(s):

Fall 20__

Spring 20__

Summer 20__

Please release full amount available.

(Please Print Parent/Borrower's First and Last Name)

(Parent's/Borrower's Signature)

(Date Signed)

OFFICE USE ONLY

DATE RECEIVED: _____

INITIALS: _____

NOTES: _____
