

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

75082

**Section A: Parent Information**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Section C: Payment/Disbursement Information**

Date Funds Returned: \_\_\_\_\_

Original Financial Aid Disbursement Date: \_\_\_\_\_

Amount Returned by Parent: \_\_\_\_\_

Type of Aid Returned: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

**Section B: Student Information**

NAME: \_\_\_\_\_

SF STATE ID#: \_\_\_\_\_

**FOR OFFICE USE BELOW**

Payment/Disbursements	A	B	C	D
	Amount Awarded	Amount Authorized .98949* or .95796**	Total Aid Paid to Inst. Costs	(B-C) Total Aid Paid as Cash
Source				
FED DIRECT LOANS				
*Unsubs	_____	_____	_____	_____
*Subs	_____	_____	_____	_____
**Parent Plus	_____	_____	_____	_____
PERKINS	_____	_____	_____	_____
FEDERAL PELL	_____	_____	_____	_____
FSEOG	_____	_____	_____	_____
SUGP	_____	_____	_____	_____
EOPG	_____	_____	_____	_____
CAL GRANT	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL AMOUNT</b>	_____	_____	_____	_____

**FOR OFFICE USE BELOW**

**REFUND AND REPAYMENT CALCULATION**

E	F	G	H
BURSAR'S Refnd Amt  (see back)	(B-E) *FDL (A-E) Balance	OSFA Repayment Amount	(E-F) Revised Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section D: Parent's Signature/Date**

\_\_\_\_\_

Bursar's Office

\_\_\_\_\_  
Signature/Date

OSFA Counselor

\_\_\_\_\_  
Signature/Date

FAFDL/Rev 07/09/13/AF