

Coastal Carolina University

Parent PLUS Loan Request to Change Payee

Student Name _____

Student ID/SSN _____

Please do not refund credit balances resulting from Parent PLUS Loans to the student and return any credit balances created from the application of Parent PLUS Loans directly to:

Borrower Name _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Borrower Signature _____ Date _____

Mail: Coastal Carolina University
Office of Student Accounts - Parent Plus
P.O. Box 261954
Conway, SC 29528-6054

Fax: (843) 349-2882