Information and Authorization Form - PARENT

Ultimate Medical Academy
Phone: 888-212-5421
Fax: 800-611-3724
www.ultimatemedical.edu

Student Name: _____ SS #:_____ Date of Birth: _____
First Middle Last

Parent Name: _____ SS #:_____ Date of Birth: _____
First Middle Last

Street Address: _____ City: _____State: _____ Zip:_____
(USE PHYSICAL ADDRESS — NO P.O. BOXES)

Primary Phone #: _____ Alternate Phone #: _____

Email Address: _____

Personal References – Phone numbers required (please complete at least three)

1) Name: _____ Phone: _____ Parent/Sibling/Relative/Friend
(Circle one option)

2) Name: _____ Phone: _____ Parent/Sibling/Relative/Friend
(Circle one option)

CREDIT BALANCE AUTHORIZATION - PLUS LOANS

Ultimate Medical Academy disburses Title IV financial aid funds to your student's account to first pay for tuition and fees for the current payment period/semester. If those funds exceed your student's current payment period/semester charges your authorization will tell UMA how to treat the excess PLUS loan funds. **Please select one of the options below:**

1. ☐ **I do authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges. I understand that once future charges are satisfied, any remaining credit balance that results from federal PLUS loans on my student's account will be returned **directly to the Title IV lender.**

OR

2. ☐ **I do not authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges and request that UMA return any credit balance that results from federal PLUS loans **directly to me, the parent.**

OR

3. ☐ **I do not authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges and request that UMA return any credit balance that results from federal PLUS loans **directly to the student.**

- I understand that Ultimate Medical Academy will retain any interest earned on the credit balance while holding those funds.
- I understand this is a voluntary authorization and is valid from the date of signing through the date of graduation unless I cancel or modify this authorization in writing by contacting the Student Finance Office to complete a new authorization. Refer to your student's financial aid award letter as a guide to your financial planning or check with your student finance planner on any additional questions.

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Parent Signature: _____ **Date:** _____