



**RELEASE OF PARENT CHECK  
TO STUDENT**

*Business Office*

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Form must be completed at the beginning of each semester. (if applicable)

Student Name: \_\_\_\_\_

Student SSN: \_\_\_\_\_

Parent Borrower Name: \_\_\_\_\_

I, \_\_\_\_\_, do hereby give permission for  
Manhattan Christian College to release the refund of my Federal Direct  
Parent loan check to my student, \_\_\_\_\_.

Parent Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Mail form to: Manhattan Christian College  
ATTN: Accounts Receivable  
1415 Anderson Avenue  
Manhattan, KS 66502

FAX form to: 785-539-0832

**\*Form must be received before check can be released to student\***