UNIVERSITY OF CALIFORNIA, SANTA BARBARA
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
2101 SAASB SANTA BARBARA, CA 93106-3180

2026-2027 Parent PLUS Loan Adjustment Form

A. Student Information

Last Name (Print) First Name M.I. Perm Number

_____ _____

B. Change in Credit Balance Option

Below is a description UCSB's three possible disbursement scenarios:

1) If you selected **"Me"** (the parent) on the PLUS application, and the quarterly loan amount is **less** than the student's UCSB charges for the quarter on their BARC account, the loan will be applied directly to the student's account and all refunds of excess funds will go to the student (from the student's other aid).
2) If you selected **"Me"** (the parent) on the PLUS application, and the quarterly loan amount is **more** than the student's UCSB charges for the quarter on their BARC account, the loan will be applied directly to the student's account and all refunds of excess funds will go to the parent via paper check in the mail. *NOTE* we cannot split refunds between two parent borrowers, so the only option if there are two parent borrowers is to select all credit balances to go to the STUDENT.
3) If you selected **"The Student"** on the PLUS application, the loan will be applied to the student's BARC account. All credits for excess funds will be refunded to the student.

Please select the box below to change your credit balance option:
The option you choose will apply to all Parent PLUS Loan applications currently on file. Any new application submitted later will require resubmitting this form.

☐ **To Student (Recommended)** - I authorize UCSB to apply my PLUS loan to all outstanding charges, including but not limited to: tuition and campus fees, room and board, student health fees, library or late fees, and prior year charges of $200 or less, etc. Any remaining credit balance will be refunded to my student by e-Refund or check.

☐ **To Parent by Paper Check** - I authorize UCSB to apply my PLUS loan to all outstanding charges, including but not limited to: tuition and campus fees, room and board, student health fees, library or late fees, and prior year charges of $200 or less, etc. Any remaining credit balance will be mailed to me as a check, either to the address provided on the PLUS application or the address listed below.

C. CHANGE OF ADDRESS

Street Address: City: State: Zip:

_____ _____ _____ _____

D. AUTHORIZATION (REQUIRED)

By signing below, I certify that I am the borrower of the Parent PLUS Loan being adjusted. I understand that to cancel or reduce any disbursement already released, the funds must be returned to UCSB Billing Office **within 30 days**.

Email the completed form to: finaiddl@sa.ucsb.edu. Please allow **5–7 business days** for processing.

Print Name (Parent Borrower):_____ Last 4 digits of parent SSN:_____

Signature (Parent Borrower):_____ Date:_____