



Changing What's Possible

## 2021-2022 Federal Direct Parent PLUS Loan Request

*This loan is for Undergraduate students only.*

### Student Information:

First and Last Name: \_\_\_\_\_

PVID, or Last 4 SSN: \_\_\_\_\_

Please select your college:

☐ Health Professions

☐ Nursing

### Parent Borrower Information:

Parent's Name: \_\_\_\_\_

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

Borrower's Relationship to Student:

☐ Mother/Stepmother

☐ Father/Stepfather

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Permanent Residence State: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Citizenship Status:

☐ U.S. Citizen

☐ Eligible Non-Citizen Alien Registration Number\*: \_\_\_\_\_

*\*Attach a copy of both sides of your alien registration card.*

Please select the amount of Federal Parent PLUS Loans would you like to be processed for below.

☐ Please process me for \$\_\_\_\_\_ in Federal Parent PLUS loans at this time.

☐ Please process me for the maximum allowed Federal Parent PLUS loans.

By signing below, I consent to the U.S. Department of Education and its agents to obtain a report of my credit record and use the information from the report in determining whether to make a Federal Direct Parent PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application. I further understand that if my Federal Direct Parent PLUS Loan Application is denied by the Department of Education due to adverse credit, I may choose to appeal this credit decision directly with Federal Direct Loans or obtain a credit-worthy endorser/cosigner.

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

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

#### Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosures is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request. Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV or the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Office of Student Financial Aid

45 Courtenay Drive, MSC 203, Charleston, SC 29425 | 843-792-2536 | FAX 843-792-6356 | finaid@musc.edu