



Office of Financial Aid

112 College Road
 Loch Sheldrake, NY 12759
 Email: finaid@sunysullivan.edu
 Fax: (845)434-0014

Student ID#: _____

FEDERAL DIRECT PLUS LOAN REQUEST FORM (Parent Loan for Undergraduate Students)

If you wish to borrow a Federal Direct PLUS Loan, please complete this Request Form in ink and return to the Financial Aid Office. You must also complete and electronically sign a **Federal Direct Loan Master Promissory Note (MPN)** on-line studentaid.gov

PARENT INFORMATION:

Parent's Last Name	Parent's First Name	Parent's M.I.	Parent's Social Security Number

Parent's Street Address (include apt no.)	Parent's Date of Birth
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City	State	Zip Code	Parent's E-Mail Address
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(_____) _____ Parent's Home Phone Number (include area code)	Parent's Alternate or Cell Phone Number
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Citizenship Status US Citizen Eligible Non-Citizen (Alien Registration # _____)

Parent's Driver's License State: _____ # _____

STUDENT INFORMATION:

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number

Relationship to Student: Father Mother Step-Parent

Student's Date of Birth

PLUS Loans are certified for the academic year (Fall 2023 and Spring 2024 semesters), unless the student is only attending one semester, then the loan will be certified for one semester. Therefore, the loan amount you request will be certified equally between the two semesters.

Loan Amount Requested Per Year: \$ _____

I confirm that I am not currently in default on a Federal education loan nor owe a refund on a Federal student grant. I, the parent borrower, authorize the Student Billing Office at SUNY Sullivan to apply all PLUS funds to cover all charges on the above student's account, including tuition, fees, and any Non-Institutional charges (Housing, Meal Plan, books, etc.)

I authorize the Student Billing Office at SUNY Sullivan to have any amount in excess of the student's charges to be refunded directly to (please check one of the following only):

_____ The Student _____ The Parent Borrower

By signing this form, I am hereby consenting to the US Department of Education and its agents to perform a credit check and to use the information to determine whether to grant a Federal Direct PLUS Loan to me. (Please refer to the Privacy Act Disclosure Notice located on prior page.)

Parent Borrower Signature	Date
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OFFICE USE ONLY

Approved Amount _____ Date Approved/Denied _____ Loan Period _____

Disbursement Dates #1 _____ #2 _____ FA Initials _____