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

_____
City State Zip Code

_____
Parent's E-Mail Address

_(_____)_____
Parent's Home Phone Number (include area code)

_____
Parent's Alternate or Cell Phone Number

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 2026 and Spring 2027 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

OFFICE USE ONLY

Approved Amount _____ Date Approved/Denied _____ Loan Period _____

Disbursement Dates #1_____ #2 _____ FA Initials _____