

Parent PLUS Loan Credit Check Authorization

Student's Name: _____

Student's SS# _____ Student's Date of Birth _____

Parent's Name: First: _____ Middle: _____ Last: _____

Parent's SSN: _____ Parent's Date of Birth _____

Parent's Street Address: _____

City, State, Postal Code: _____

Foreign Country (y/n): _____

Primary Phone Number: _____

Alternative Phone Number: _____

By signing below you agree to the following: For the Department of Education and its agents to obtain a report of your credit record and using the information from that report in determining whether to make a direct plus loan to me. I understand that I will be notified in writing of the results of the credit check with respects to my loan application.

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 at sgg of the Higher Education Act of 1985, 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 of 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 used in the Privacy Act notices called "Title IV Program Files" (originally published on December 20, 1984. Federal Register. Register. Vol. 59 p. 65532). This, this information may be disclosed to federal and state agencies, private parties purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure 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 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 investigation for research purposes, for 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 inquire from the congressional office made at you written request.

Because we request your social security number (SSN), we must inform you that we collect you SSN on a voluntary basis, but section 478(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 of the HEA, a student must proved his or her SSN. Your SSN is used to verify your identity and as an account number (identifier) throughout the file of you loan(s) so that data may be recorded accurately.

Signature of Borrower: _____ Date: _____