



PARENT DIRECT PLUS LOAN REQUEST

31-10 THOMSON AVENUE C-107 L.I.C. NY 11101 TEL: 718-482-7218 FAX: 718-609-2020

SECTION A1: INFORMATION TO BE COMPLETED BY STUDENT

Last name _____ First name _____ M.I. _____ LaGuardia ID Number _____
 Major: _____ Fall / Spring Graduation Date: ____/____/____
 MM YYYY

SECTION A2: BORROWER INFORMATION TO BE COMPLETED BY PARENT

Last name _____ First name _____ M.I. _____ Social Security Number _____
 Date of Birth ____/____/____
 Address (include apt. no.) _____
 City _____ State _____ ZIP code _____ Telephone number _____

Are you a U.S. Citizen? Yes No

If you answered NO, are you a permanent resident of the U.S.? Yes No

If you are a permanent resident, provide your alien registration number: A-_____

Total Direct PLUS Loan Request: \$ _____

*(Loan will be disbursed in two equal disbursements for the loan period.)

Loan Period: Academic Year _____ Fall Only _____ Spring Only _____

Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant?

Yes No

Parent Certification: Your signature below certifies that you understand that this request form is not a promissory note. You must complete and sign a promissory note online. Further, you understand that eligibility for Federal Direct PLUS Loans will be determined by the Student Financial Services office based on Federal Law.

Loans cannot be processed until the Student Financial Services office receives an electronic record of the student's FAFSA, collected any required documentation and determined the application information is correct.

Note: All students must be enrolled at least half-time in the current term in order to receive the Direct Loan funds. This loan must be repaid by the parent borrower.

Parent's signature

Date

Received by

Date