

FEDERAL DIRECT PARENT PLUS LOAN AUTHORIZATION FORM

The Direct PLUS Loan Master Promissory Note (MPN) will be used for all PLUS loans. A Parent Borrower must complete a MPN on behalf of each student for whom they wish to borrow. By completing the PLUS MPN you are authorizing Mount Marty College to certify subsequent Federal Direct PLUS loans requested.

STUDENT:

Last Name _____ First Name _____ Middle Initial _____

MMC ID Number _____ OR Social Security Number _____ Date of Birth _____

Has the student submitted the 2016-17 Free Application for Federal Student Aid (FAFSA): Yes No**PARENT BORROWER: (ALL FIELDS MUST BE COMPLETED)**

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Parent Borrower's Permanent Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

Parent Borrower's Email Address _____

Parent's Citizenship Status: U.S. Citizen Permanent Resident/Eligible Non-Citizen # _____Relationship to Student: Parent Non-Custodial Parent**Check all that apply:** I certify that I am not in default on a federal student or PLUS loan and I do not owe money on a federal student grant. I certify that I have not been convicted for the possession or sale of illegal drugs while receiving federal student aid. I will use federal financial aid only to pay the cost of attending an institution of higher education.**Check one and list the requested loan amount:** 2016-17 Academic Year (Half disbursed at the start of each semester) for \$ _____ 2016 Fall Semester Only for \$ _____ 2017 Spring Semester Only for \$ _____ 2017 Summer Term Only for \$ _____I authorize any funds remaining at the time PLUS proceeds are applied to my student's account (after outstanding tuition, fees, room/board, books/supplies, and/or miscellaneous department charges are paid) to be issued as a refund check to: (Check One) Parent Student

Submission of this form authorizes the initiation of the mandatory credit review required for the Federal Direct Parent PLUS Loan. In addition, 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 in section 451 et.seg. 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 Federal Direct Parent PLUS Loan. The information on this form will be used to determine your eligibility for a Federal Direct Parent PLUS Loan.

Because we request your Social Security Number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(2) of the HEA(20 U.S.C. 119(a)(4) provides that, in order to receive any grant, loan or work assistance under Title IV of the HEA, a parent 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. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

YOUR RIGHTS AND RESPONSIBILITIES REGARDING YOUR FEDERAL DIRECT PARENT PLUS LOAN

1. I understand that my student must be enrolled at least half-time per term to be eligible for this Federal Direct Parent PLUS Loan.
2. I understand that all funds will be credited to my student's account first, with any remaining balance refunded according to the college's schedule.
3. I understand that I am applying with a Master Promissory Note. I understand that I may receive one or more loans under this Master Promissory Note and that I must repay such loans.
4. I understand that I may choose to cancel any or all of my loan, even after the loan funds are disbursed. However, if I do cancel the loan after it has been disbursed, it may result in a balance owed to the college.
5. I have read and understand the information provided in the authorization statement.
6. I understand to increase my current requested amount, a new Parent PLUS Authorization Form will be required.
7. I understand that unless otherwise noted above, any balance after PLUS proceeds are applied to student account will be directed to parent.

Parent Borrower Signature _____ Date _____

RETURN THIS COMPLETED FORM BY MAIL, FAX, OR IN PERSON TO: