



KNOX
COLLEGE

OFFICE OF FINANCIAL AID
309-341-7149 Phone
309-341-7453 Fax
www.knox.edu

Federal Direct PLUS Loan Request

This form is NOT to be used for the Federal Direct Loan (sub or unsub) included on a student's financial aid award.

If a **parent** wishes to borrow to pay all or a portion of the family contribution through the Federal Direct PLUS Loan program for the year, he/she must complete this form (please print) and return it to: Knox College, Office of Financial Aid, 2 East South Street, Galesburg, IL 61401. You may also fax to 309-341-7453 or e-mail to financialaid@knox.edu. For more information on the Federal PLUS loan, visit studentaid.ed.gov. If you have any questions, please feel free to call our office.

PARENT BORROWER (one parent only—this will be the same parent who completes and signs the Master Promissory Note)

Name _____

Street Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

Citizenship Status (check one) ☐ U.S. Citizen ☐ Permanent Resident A# _____

Phone _____ Driver's License Number _____ State _____

E-mail Address _____

STUDENT

Student's Name _____

Student's Social Security Number _____ Date of Birth _____

Academic year for which you are applying (i.e. 2016-2017) _____

Check Option A, B, or C below:

- ☐ **A.** I wish to borrow the amount needed to cover the full year's costs as reflected on my student's Cost and Financial Aid Summary.
- ☐ **B.** I wish to borrow the maximum amount that I am eligible for. (This may result in a credit balance.)
- ☐ **C.** I wish to borrow the following amount \$ _____

The federally mandated origination fee will be added to your loan amount.

Amount requested is for: ☐ Full Year ☐ Fall Term ☐ Winter Term ☐ Spring Term

If the loan is approved, we will send you instructions about signing a Master Promissory Note and/or a confirmation letter.

If the loan is not approved, your student will be offered an Unsubsidized Federal Direct Loan up to \$4,000 (first- and second-year students) or up to \$5,000 (third- and fourth-year students).

Signature of Parent Borrower _____ **Date** _____

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Federal Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Note: Your signature acknowledges that you have read the Federal Privacy Act Disclosure Notice below.

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 *et seq.* 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 Direct PLUS Loan. The information on 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 uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 2004, *Federal Register*, Vol 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol 59 p. 65532). Thus this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for 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 a 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 investigations, for research purposes, for purposes of determining where particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1090(a)(4)) provides that, in order to receive any grant, loan or work assistance under Title IV of the HEA, a student 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 loans(s) so that data may be recorded accurately.