

PLINFO

2024-2025 Federal Direct Parent PLUS Loan Authorization Form

This form should be *completed by the parent* of a dependent undergraduate student. The student *must* already be awarded a Parent PLUS loan. Please submit this form to begin the application process.

Parent Information (E	3orrower)			
Parent Name			SS#	
Last	First	MI		
Permanent Address			_ Date of Birth	
Number &	k Street City	State Zip		Month / Day / Birth Year
Home Telephone ()		Work Telepho	ne ()	
Email Address (Required)		Driver's License (Required) State	Number
			State	Number
Citizenship Status (Please Check	One Box Only):	J.S. Citizen/National		
		Permanent Resident/Oth Alien Registration No.	ner Eligible Non-Citiz	zen
Student Information				
Student Name			Student ID#	
Last	First	MI		
Loan Information				
I consent to the Federal Direc	t PLUS Loan amount award	led by the Financial A	Aid Office:	
75			□	YES NO
If you answer "NO", please inc minus any other financial aid		nt. Parents may borro	ow any amount up	to the cost of education
·	ŕ		\$	
Loan Period (check one): _	Fall/Spring Fa	all Only Spri	ing Only	Summer
Borrower (Parent) Co	nsent to Obtain Cred	dit Report		
I consent to the U.S. Depart				lit record and using the
information from that report i	n determining my eligibility	for a Federal Direct	PLUS Loan:	YES NO
I understand that if it is dete		erse credit history, th	nat my son/daugh	nter may be awarded ar

☐ YES

□ NO

Borrower (Parent) Master Promissory Note

I understand that if my credit is approved, I will need funds will not be disbursed until the eMPN is completed		•	omissory	Note (<i>e</i> l	MPN) and
		[YES		NO
Disbursement Information					
Federal law requires excess PLUS loan proceeds to be r excess PLUS loan proceeds will be mailed to you after t				d; there	efore, any
☐ YE	5 , please mail excess	PLUS loan prod	eeds direc	ctly to m	ie
\Box NO	, please mail excess l	PLUS loan proce	eds to my	/ son/da	ughter
Parent & Student Certification					
By signing below We, the Parent and Student, certify the	nat:				
 The Borrower listed on this form is the natural pa We authorize the Financial Aid Office to accept th All the information on this form is true and correct official, I agree to give proof of the information o We are not in default on a federal student or pare We do not have property(s) subject to a judgeme We will use any federal student aid received only 	is Parent PLUS loan of to the best of our known this form. Ent loan or owe a reponent lien for a debt owe	n our behalf. owledge and the ayment on a fee ed to the United	at if asked deral grant I States.	by an a	
Parent Signature:		Date:			
Student Signature:		Date:			
(written signature required)					
Submitting documents. You may submit your documen	ts in several wavs:				

- Email to: finaid@utrgv.edu
- By mail to: UTRGV U Central, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physically drop off to locations listed below:

The Tower, Main 1.100 **Visitors Center 1.113** One West University Blvd. 1201 West University Drive Brownsville, Texas 78520 Edinburg, Texas 78539 Ph: (888) 882-4026 Ph: (888) 882-4026 Fax: (956) 882-8229 Fax: (956) 665-2392

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 § 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, 1994, 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 whether 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. 1091(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 loan(s) so that data may be recorded accurately.