



Financial Aid Office  
 SUNY Sullivan  
 112 College Road  
 Loch Sheldrake, NY 12759  
 Phone: (800)-577-5243 or (845)-434-5750  
 Fax: (845) 434-4806  
 Website: www.sunysullivan.edu

**FEDERAL DIRECT PLUS LOAN REQUEST FORM**

If you wish to borrow a Federal Direct PLUS Loan, please complete this Request Form and return to the Financial Aid Office. **PLEASE PRINT** in ink. You must also complete a Federal Direct Loan Master Promissory Note and electronically sign with a Federal PIN number on-line at [www.studentloans.gov](http://www.studentloans.gov). If you do not have a PIN number or need a duplicate, you may request one at [www.pin.ed.gov](http://www.pin.ed.gov).

**PARENT INFORMATION:**

Parent's Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Citizenship Status: \_\_\_\_ US Citizen \_\_\_\_ Eligible Non-Citizen (Alien Registration # \_\_\_\_\_)

Driver's License: State: \_\_\_\_ # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**STUDENT INFORMATION:**

Student's Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Relationship to Student: \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Step-Parent

**Loan Period (Please check one):** (If you are borrowing for both the Fall and Spring semesters, we recommend that you apply for both at the same time.)

\_\_\_\_ Fall 2011 - Spring 2012 (for the year) \_\_\_\_ Fall 2011 only \_\_\_\_ Spring 2012 only

**Loan Amount Requested: \$** \_\_\_\_\_

I confirm that I am not currently in default on a federal education nor owe a refund on a federal student grant. I, the parent borrower, authorize the Student Billing Office at SUNY Sullivan to apply all PLUS funds to cover all charges on the above student's account, including tuition, fees, and any Non-Institutional charges (Housing, Meal Plan, books, etc.)

I authorize the Student Billing Office at SUNY Sullivan to have any amount in excess of the student's charges to be refunded directly to (please check one of the following only):

\_\_\_\_ The Student \_\_\_\_ The Parent Borrower

By signing this form, I am hereby consenting to the US Department of Education and its agents to perform a credit check and to use the information to determine whether to grant a Federal Direct PLUS Loan to me. (Please refer to the Privacy Act Disclosure Notice located on prior page.)

\_\_\_\_\_  
 Parent Borrower Signature \_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Approved Amount \_\_\_\_\_ Date Approved/Denied \_\_\_\_\_ Loan Period \_\_\_\_\_

Disbursement Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ FA Initials \_\_\_\_\_