Parent Information (Borrower)



PLINFO

2021-2022 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 Name					SS#				
	Last	First		MI	_				
Permanent Address	Number & Street	City	State	Zip	Date of	Birth_	Month /	Day / E	Birth Year
Home Telephone (_)		W	ork Telepho	one ()_				
Email Address *(Req	uired)		Drive	er's License	*(Required) _	State	Num	ber	
Citizenship Status (F	Please Check One Box Only):	ΠU	.S. Citize	en/National					
				: Resident/Ot stration No. —	her Eligible No	n-Citiz	en 		
Student Inforn	nation								
Student Name					Student ID	#			
	Last	First		MI					
Loan Informat I consent to the Fed	ion leral Direct PLUS Loan am	ount awarde	ed by the	e Financial <i>i</i>	Aid Office:		VEC		No
						_	YES	Ш	NO
	please indicate your reque ancial aid the student may		nt. Paren	ts may bori	row any amou	unt up	to the co	ost of	education
Loan Period (check	one): Fall/Spring	Fa	ll Only	Ѕрі	ring Only	→ S	Summer		
Borrower (Pare	ent) Consent to Ob	tain Cred	lit Rep	ort					
	S. Department of Educati at report in determining m					/ cred	it record	and	using the
		,					YES		NO
I understand that if Additional Unsubsidi	it is determined that I ha	ive an adve	rse cred	it history, t	that my son/	daugh	ter may	be a	warded an
	Ctarrora Louin						YES		NO

Borrower (Parent) Master Promissory Note

I understand that if my credit is approved, I will ne funds will not be disbursed until the eMPN is complet	ed to electronically sign my Master Promissory Note (<i>e</i> MPN) and ed at <u>www.studentloans.gov</u> :
	☐ YES ☐ NO
Disbursement Information	
Federal law requires excess PLUS loan proceeds to be excess PLUS loan proceeds will be mailed to you afte	e refunded to the parent unless otherwise directed; therefore, any the student's UTRGV account is paid: *(Required)
□ _Y	ES, please mail excess PLUS loan proceeds directly to me
	O , please mail excess PLUS loan proceeds to my son/daughter
Parent & Student Certification	
By signing below We, the Parent and Student, certify	that:
 We authorize the Financial Aid Office to accept All the information on this form is true and corre official, I agree to give proof of the information 	ect to the best of our knowledge and that if asked by an authorized

(written signature required)

We do not have property(s) subject to a judgement lien for a debt owed to the United States. We will use any federal student aid received only to pay for expenses related to attending UTRGV.

Parent Signature:

Student Signature: _____(written signature required)

Submitting documents. You may submit your documents in several ways:

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:

Brownsville U Central Location: The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Edinburg U Central Location: Student Services Bldg., First Floor 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026

Date:

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.