



# Request for Federal Direct PLUS Loan

To be completed by the parent borrower

Submit to:  
College of St. Joseph  
Financial Aid Office  
71 Clement Rd, Rutland, VT 05701 or  
Fax: 802-776-5275

**Instructions:** 1. Complete all information requested on this form and submit to the College of St. Joseph Financial Aid Office  
2. First-time borrower must complete the Direct PLUS Master Promissory Note (MPN) at [www.studentloans.gov](http://www.studentloans.gov).

**Student Name:** \_\_\_\_\_ **Last four digits of SSN:** xxx-xx- \_\_\_\_\_  
Please Print

**Parent Full Name:** \_\_\_\_\_ **Parent Social Security No:** \_\_\_\_\_  
Please Print

**Relationship to Student:**  Mother  Father  Step-Parent **Date of Birth:** \_\_\_\_\_

**Parent Address-** Same as the student, check here:  If not, please provide your complete address/telephone number:  
\_\_\_\_\_  
Street City State Zip Code Telephone

**Citizenship**  U.S. Citizen  Eligible Non-Citizen (attach documentation)

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

Please check academic **loan period** :

Full Year \_\_\_\_\_ Fall/Spring Aug 2011-May 2012  
\_\_\_\_\_ Fall Only Aug 2011-Dec 2011  
\_\_\_\_\_ Spring Only Jan 2012-May 2012  
\_\_\_\_\_ Summer Only May 2012-August 2012

\*Allow for loan fees. A 2.5% origination fee is deducted from the loan amount.  
Divided loan amount you would like on account by 97.5% to allow for loan fees and then round up to the nearest whole dollar.

I authorize the College of St. Joseph to use any Federal Direct PLUS Loan credit balance to pay any current institutional charges that my student incurs other than tuition, fees, CSJ's housing and meal plan such as book charges, library fines, etc.

I  **AGREE**  **DISAGREE WITH THE ABOVE STATEMENT**

I authorize any Federal Direct PLUS Loan credit balance to pay any minor outstanding College of St. Joseph charges from prior years, not to exceed \$200 after all current year institutional charges are paid.

I  **AGREE**  **DISAGREE WITH THE ABOVE STATEMENT**

I authorize the College of St. Joseph to retain any excess Federal Direct PLUS Loan funds on my student's account to pay for charges incurred in the academic year in which the credit balance occurred. Funds may be held on account up to the end of the loan period.

I  **AGREE**  **DISAGREE WITH THE ABOVE STATEMENT**

I authorize the College of St. Joseph to release any refund generated by my Federal Direct PLUS Loan directly to my student listed above. I understand that I may rescind this authorization, in writing, at any time.

I  **AGREE**  **DISAGREE WITH THE ABOVE STATEMENT**

### Consent and Certification

By signing below I consent to allow the U.S. Department of Education and its agents to obtain a credit report to determine eligibility for the Direct PLUS Loan. I, certify that I am an eligible borrower, not in default on any federal student loans and that all of the information provided on this form is complete and correct. I understand that I have the right to change or rescind these authorization by notifying the college Financial Aid Office in writing.

**Parent Signature** \_\_\_\_\_ **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 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, 1004, 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. 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 loans(s) so that data may be recorded accurately.