SUNY BROCKPORT
Office of Financial Aid

Federal PLUS Loan Data Request Form

(Undergraduate Students)

We have received notification that you may be interested in attaining a Federal PLUS Loan. Please complete and return this form to the Financial Aid Office to initiate the process. ***Please Note:** Repayment of the Federal Direct PLUS loan begins 60 days after the full amount borrowed has been disbursed. Interest is charged beginning on the date of the first disbursement. Questions regarding the terms or repayment of a Federal PLUS loan should be referred to Borrower Services at 1-800-848-0979.

Please indicate the semester(s) for which you wish to request the Federal PLUS Loan.

____ Fall of 20___ ____ Spring of 20___ ____ Summer of 20___

Please indicate the desired amount of the loan or leave blank if you wish to be considered for the maximum available amount. $_____.

Student Name: _____ **Student ID Number:** _____

Student Local Phone Number: _____

Parent Name: (please print) _____

Parent Address: _____

_____

Parent Home Phone Number: (____)_____ **Parent Day Time Phone No.: (____)**_____

Parent Social Security Number: _____

Parent Date of Birth: _____

Parent's Citizenship: ____ **U.S. Citizen** or ____ **Permanent Resident***
***If applicable, Alien Registration No.:** _____

Parent Driver's License (State & No.): _____

I, the parent borrower, authorize the Student Accounts Office at SUNY Brockport to apply all PLUS funds to any charges on the above student's account bill including tuition, fee, room, and board.

☐ Please check here to authorize the use of your Federal Title IV funds (Federal PLUS Loan) for non-institutional expenses. Examples of non-institutional expenses include, but are not limited to: parking fees, books, medical supplies, etc.

I wish to have any amount in excess of the amount due on the student's account to be refunded directly to (check one only):

☐ The Student ☐ The Parent Borrower

Parent Signature: _____ Date: _____

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

L12P (11/27/07)

State University of New York • College at Brockport • 350 New Campus Drive •Brockport, New York 14420-2937
(585) 395-2501 • FAX (585) 395-5445 • *e-mail* finaid@brockport.edu • Document Request Line (585) 395-5443 • www.brockport.edu