TELEPHONE: 678-839-6421 FAX: 678-839-6422

## $\begin{tabular}{ll} William D. Ford Federal Direct Parent Plus Loan \\ APPLICATION \end{tabular}$

2007 - 2008

Completion of this form gives the University of West Georgia permission to submit my loan application to the Direct Loan Servicing Center for credit approval. I understand that I will be notified of the credit decision by the Direct Loan Servicing Center.

Student Information:	(Please print)				
Student Name:					
(Last)		(First)		(MI)	
SSN / ID #:	_//				
LOCAL or CELL Phone #:					
Student Date of Birth:		EMAIL:		@ my.westga.edu	
STUDENT SIGNATURE:			DATE:		
Application Parent Information (Plane)	n may not be processed unlesses	all sections on Pages	s 1 and 2 are con	npleted	
Parent Borrower Name:	(Last)	(First)		(MI)	
Parent Social Security Number:	//	//			
Address:					
(Street)	(Apt #)				
(City)	(State	<del>2</del> )	(Zip)		
Phone: ()		Vork: ()			
Parent Date of Birth:		Email address:			
Parent Citizenship Status:	E ligible	U.S. Citizen/ National Eligible Non-Citizen Alien Registration # :			
Parent Driver's License #:	////	(DL Number)			
Check <i>each</i> semester you want	to receive Plus loan money:	Fall 07	Spring 08	Summer 08	
TOTAL requested loan an (Amount listed will be divided)		ed above: \$			
Direct Loan Program	must sign a Master Promissor m. No funds will disburse unt listed above or by mail if I ne	il a completed MPN i	s received and pro		
I acknowledge that I am NOT in de related to attendance at University Secretary of Education. I also und funds will be disbursed to the stud	of West Georgia and that the loa erstand that proceeds from this	in must be repaid in acc parent loan will be credi	cordance with regulative to the student's	ations published by the charges and any remaining	

\_DATE: \_\_\_\_

PARENT SIGNATURE: \_\_\_

## **Consent to Obtain Credit Report**

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Social Security	y Number	Date of B	Date of Birth (MM/DD/YYYY)			
Last Name		First Nam	First Name			
Street Name						
City		State	Zip			
Phone Number	r					
Signature of Pa	arent Borrower		Date			
	co-borrower and submit the ne  f the following:	w mjormanon jor an addiniona	, review.			
A. 🗆 (V	the paperwork provided by	JS application if this application the Direct Loan Servicing Cent WG until a confirmation of app	on is denied. I understo ter to obtain an endors	and I will need to submit er approval but that no		
Pa	rent Signature		Date	<del></del>		
B. 🗆 (v	( $\int$ ) I choose <b>not</b> to pursue the option of obtaining an endorser/co-borrower if this loan is denied. By					
		lerstand that an additional uns lication at the maximum amoun		will be processed for the		
Pare	ent 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 the Direct Plus loan. The information of 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.