

Summer 2009

Change to Previous Parent PLUS Request



Office of Student Financial Aid

University of Illinois at Urbana-Champaign
620 East John Street - MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

University Identification Number (UIN) _____ Student Last Name (please print) _____ First Name _____ MI _____

Federal Direct Parent Loan for Undergraduate Students (PLUS) Request Form for Summer 2009

The PLUS is available to the parents of dependent undergraduate students. A parent may borrow up to the total of the Estimated Cost of Attendance minus all financial aid and other resources, including Veterans Benefits, received by the student.

Instructions: Parent Borrower must complete ALL sections below; print clearly in BLUE or BLACK ink; read and SIGN the Authorizing Statements.

***PARENT PLUS LOANS HAVE A FIXED INTEREST RATE OF 7.9%.**

PARENT BORROWER INFORMATION

⇒ I wish to make a change to a previous request? (*check one*) ☐ Increase ☐ Decrease ☐ Cancel

⇒ Previous Requested Loan Amount: Summer Total \$ _____

⇒ New Total Loan Amount Requested: Summer Total \$ _____

⇒ Relationship to student: (*check one*) ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather

⇒ Parent Social Security Number* _____ (xxx-xx-xxxx)

* The Higher Education Act of 1965 requires applicants for Federally supported financial aid funds to provide their Social Security Numbers(SSN). As a PLUS applicant, the parent borrower must provide his/her SSN. The Social Security Number is used to report information to Federal and state agencies. The University of Illinois has a strong commitment to ensuring the privacy and confidentiality of student and family information. Social Security Numbers will not be disclosed without the individual's consent, except as required by the financial aid program and as allowed by law.

Parent Last Name (*please print*) _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ (_____) _____
Home Telephone _____

⇒ Parent Citizenship? (*check one*)

☐ U.S. Citizen: ☐ Permanent Resident/Eligible Non-Citizen (*Alien Registration Number*) A: _____

Parent Drivers License Number _____ State of Issuance _____

REFUND INFORMATION

PLUS loan funds are applied to University Charges prior to any student aid. If any loan funds remain on the University Student Account AFTER all charges have been paid, I authorize the refund to be sent to:

☐ Parent ☐ Student (**Please note:** If no box is checked, refund will default to the parent.)

AUTHORIZATION

By signing this form, I authorize the University of Illinois at Urbana-Champaign to send the above information to the Direct Loan Processing Center to conduct a credit check. If the credit check is approved, and an active MPN is on file, the loan funds will be credited to my student's University Account for payment of tuition, fees, and other charges.

Parent Signature: _____ Date: _____

DEADLINE: This form MUST be completed and received by the OSFA no later than the following date:
For Summer 2009 (May 18 – August 8): **June 24, 2009**