PARENT (PLUS) LOAN AMOUNT REQUEST FORM

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.

Student Name	Student Social Security Number
Parent Name	Parent Social Security Number
/	arent Drivers License #/ Parent Date of Birth
Permanent STREET Address (Required) City, State, Zip	Mailing Address (if different)
Home Telephone Number Work Telephone Number Parent	Email Address
US Citizen? Relationship to Student (must be parent or step-parent by law)	YesNo, list Alien Registration #
am applying for (check one):	
Summer 2015 Session – AMOUNT: \$	
Fall 2015/Spring 2016 – AMOUNT: \$	
THE TOTAL ABOVE CANNOT EXCEED THE AWARDED AMOUNT FO I understand that to obtain a loan through this process, I must complete and return this fo transfer loan proceeds received by Electronic Funds Transfer (EFT) or Master Check to my incurred expenses. Incurred expenses can include but are not limited to tuition, fees, roo Parent's Signature	rm to UVA's College at Wise, Financial Aid Office. I authorize the College to son or daughter's student account in the Cashier's Office to pay for ALL
PRIVACY ACT DISCLOSURE NOTICE	
The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. Hi Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 private parties such as relatives, present and former employers and creditors, and contractors of financial assistance program, for enforcement purposes, for litigation where such disclosure is constate, local, or foreign agencies in connection with employment matters of the issuance of a licen which the Federal Government is a party, for use in connection with audits or other investigations are required to be disclosed under the Freedom of Information Act, and to a Member of Congress request.	owever, if you do not provide this information, you cannot be considered for a ect PLUS Loan. The information in your file may be disclosed to third parties as published on April 12, 1994, <u>Federal Register</u> , Vol. 59 p. 17351) and "National p. 65532). Thus , this information may be disclosed to federal and state agencies, the Department of Education for purposes of administration of the student mpatible with the purposes for which records were collected for use by federal, se, grant, or other benefit, for use in employee grievance or discipline proceeding in s, for research purposes, for purposes of determining whether particular records in response to an inquiry from the congressional office made at your written 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 s an account number (identifier) throughout the life of your loan(s) so that data may be recorded a	
Mail This Completed Form to: UVA Wise Office of Financial Aid, Or	ne College Avenue, Wise, VA 24293 <i>or</i> Fax: 276.376.1095
	OFFICE USE ONLY Approved: Y / N

MPN: ___/___/

Processed: ____/___/___