

Office of Student Financial Assistance Lucas Administration Center 416 Nunn Drive Highland Heights, KY 41099 Office: 859-572-5143 Fax: 859-572-6997

ofa@nku.edu

PLUS LOAN AUTHORIZATION FORM 2016 - 2017

2010 - 2017						
	STU	JDENT INFORMATIO	N			
Student's Name		Please Print	Mi	Middle Initial		
Telephone Number				Student ID Number		
	PARENT	BORROWER INFORI	MATION			
Parent's Name		Please Print		Middle Initial		
Chrock Address	Cit		Otata	7:- Cada		
Street Address	City	· ·	State	Zip Code		
		0 : 10 : " 11	.			
Telephone Number		Social Security Number		Birth Date		
Parent must sign a MPN with the Depar complete a credit check annually* at we loan funds will be disbursed to the sch *Credit check information is only valid	ww.studentloans.go ool at the appropria	ov (see "Request a PLUS Lo				
		LOAN PERIOD				
Check one:						
Academic Year*	Fall ONLY	Corin	ng ONLY	Summer		
*Loan amounts for an academic year loan		•	•	□ Sullillei		
	Φ.					
Loan recipients who drop below	\$ w half time enroll	Requested ment are subject to a ca		equent loan disburs	ements.	
		CERTIFICATION		7		
I certify that all the information on this of the information provided. I certify t I authorize Northern Kentucky Univer enrollment status, current address). I funds to the student's account.	he parent listed on sity to release to the	this form is the biological/one Department of Education	adoptive parent or e	eligible step-parent of ormation pertinent to t	the student. his loan (e.g.	
Student Signature			Date (month/day/year)			
Parent Signature			Date (month/day/year)			
			FOR OFFIC	CE USE ONLY		
		□Staff Re	eviewed	Process Date:		
		□Mail	Initials		Initials	
		□Fax				

□E-Mail