

**FAULKNER STATE COMMUNITY COLLEGE**

**OFFICE OF FINANCIAL AID**

**PARENT PLUS DIRECT LOAN REQUEST FORM**

PLEASE COMPLETE THIS FORM AND RETURN TO THE FINANCIAL AID OFFICE

**Parent Information:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O./Street City/State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(State/Number)

**Student Information:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Are you a dorm student (Yes \_\_\_) (No \_\_\_) If so what is room number: \_\_\_\_\_

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**Total Amount of**

**PLUS Loan Request:** FALL \$ \_\_\_\_\_ SPRING \$ \_\_\_\_\_ SUMMER \$ \_\_\_\_\_

You have the right to cancel or reduce the loan amount at any time by completing a Parent Right to Cancel Loan Form located on [http://www.faulknerstate.edu/financial\\_aid/forms.aspx](http://www.faulknerstate.edu/financial_aid/forms.aspx)

1) Do you, the parent, authorize any balance of loan proceeds to be issued to your dependent student?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Do you, the parent, authorize the College to transfer the EFT loan proceeds to the students account?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that I understand the information listed above, and declare that the loan proceeds will be used for Educational purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOMPLETE FORMS WILL NOT BE PROCESSED**