Sul Ross State University

Parent Plus Request Form

SRSU Title IV Code: 003625

SUBMIT YOUR REQUEST TO THE APPROPRIATE SRSU FINANCIAL AID OFFICE:

Office of Financial Aid P.O. Box C-2 Alpine, TX 79832 Phone: (432) 837-8050 Fax: (432) 837-8411 E-mail: fa@sulross.edu	Office of Financial Aid 3107 Bob Rogers Drive Eagle Pass, TX 78852 Phone: (830) 758-5021 Fax: (830) 758-5019 E-mail: rgcfao@sulross.edu	Office of Financial Aid 2623 Garner Field Road Uvalde, TX 78801 Phone: (830) 279-3008 Fax: (830) 279-3009 E-mail: rgcfao@sulross.edu	Office of Financial Aid 205 Wildcat Drive Del Rio, TX 78840 Phone: (830) 703-4824 Fax: (830) 703-4810 E-mail: rgcfao@sulross.edu

Printed Name of Student _____ **Student Social Security Number** _____ **Student Date of Birth** _____ **A#** _____

Printed Lname, Fname, M. of Parent Borrower _____ **Parent Borrower's SSN** _____ **Parent Borrower's Date of Birth** _____

Parent Borrower's DL# _____ **State** _____ **Parent Email** _____ **Parent Borrower's Telephone Number** _____

U.S. Citizen? ____Yes ____No Parent Borrower in Default on a Federal Loan? ____ Yes ____No

If you are not a U.S. Citizen, are you an eligible non-citizen? ___Yes ____NO Alien Registration #_____

Indicate the application period(s) and loan amount(s) requested:

FALL ____:	**$_____**	**$_____**
SPRING ____:	**$_____**	
SUMMER I _____:	**$_____**	**$_____**
SUMMER II _____:	**$_____**	

I authorize the Financial Aid Office to release information concerning my aid application and awards to my parents.

Student Signature _____ **Date** _____

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.

I authorize Sul Ross State University to transfer my Parent Federal PLUS proceeds received by electronic funds transfer (EFT) to my student account above for the payment of tuition, fees, room, board, or any other University debt. I further authorize any Parent PLUS proceeds in excess of the amount owed the University to be disbursed directly to the student.

Parent Borrower's Address, City, St, Zip _____ **Parent Borrower's Signature** _____ **Date** _____

FOR OFFICE USE ONLY

☐Fall_____ ☐Spring_____ ☐Summer I_____ ☐Summer II_____ Original Grade Level_____ New Grade Level_____

EFC_____ Original Budget_____ Revised Budget_____ Aid_____ Status I or D

Original Loan Amount _____ Increase in Loan Amount_____ Revised Loan Amount_____

Comments:_____

FAO Signature_____ Date_____ Banner updated by_____ Date_____