



Student Financial Aid Services (SFAS) Federal Direct Parent (PLUS) Loan Application

Please return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.*

Important! In order for the Parent PLUS loan application to be processed, the student must have filed the Free Application for Federal Student Aid (FAFSA). If necessary, have the student complete the FAFSA at www.fafsa.ed.gov.

** PLUS loans can now be repaid after the student ceases to be enrolled on at least half-time basis. However, interest will accrue. We highly recommend that the borrower pay the interest on the loan prior to the start of repayment. Payment can be done either monthly or quarterly. For more information on repayment contact **Direct Loan Servicing** at **1800-848-0979**.

Loan Period _____ **Requested Loan Amount \$** _____
(e.g., Spring 2008, Fall 2008, Spring 2009 etc.) (Note: loan disbursed in two payments—one per semester)

■ Student Information

Name _____
Last First M.I. UCID E-mail

NJIT ID _____ Date of Birth _____ Phone No. () _____

Status: U.S. Citizen _____ Eligible non-citizen **A-** _____

Is the student currently in *default* on a federal education loan or owing a refund on a federal student grant?

Yes _____ No _____

Student Signature _____ **Date** _____

■ Parent Information

Name _____
Last First M.I. E-mail

Permanent Address

Street _____

City, State, ZIP _____

Soc. Sec. No. _____ Date of Birth _____ Phone No. () _____

Are you currently in *default* on a federal education loan, or do you owe a refund on a federal student grant?

Yes _____ No _____

Have you ever had a previous educational loan discharged for total and permanent disability?

Yes _____ No _____

Status: U.S. Citizen _____ Eligible non-citizen **A-** _____

Parent 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 grant 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.

_____	_____	
Social Security Number	Date of Birth (MM/DD/YYYY)	
_____	_____	_____
Last Name	First Name	M.I.

Street		
_____	_____	_____
City	State	ZIP
_____	_____	
Phone Number	E-mail	
_____	_____	
Signature of Borrower	Today's Date	

Privacy Act Disclosure Notice>

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your 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 student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.