

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.

_____		XXX-XX	
Student Name		Student Social Security Number	
_____		XXX-XX	
Parent Name		Parent Social Security Number	
_____	____/____/____	_____	____/____/____
State of Legal Residence	Resident Since (Date)	Parent 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? <input type="checkbox"/> Yes <input type="checkbox"/> No, list Alien Registration # _____	
Relationship to Student (must be parent or step-parent by law)			

I am applying for (check one):

Summer 2026 -- Session – AMOUNT: \$ _____

Fall 2026 – AMOUNT: \$ _____

Spring 2027 – AMOUNT: \$ _____

THE TOTAL ABOVE CANNOT EXCEED THE AWARDED AMOUNT FOR THE YEAR ON THE AWARD LETTER.

I understand that to obtain a loan through this process, I must complete and return this form to UVA's College at Wise, Financial Aid Office. I authorize the College to transfer loan proceeds received by Electronic Funds Transfer (EFT) or Master Check to my son or daughter's student account in the Cashier's Office to pay for ALL incurred expenses. Incurred expenses can include but are not limited to tuition, fees, room, board, books, supplies, and other miscellaneous charges.

Parent's Signature (This form requires a physical signature. Digital signatures cannot be accepted). 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 records were collected for use by federal, state, local, or foreign agencies in connection with employment matters of the issuance of a license, grant, or other benefit, for use in 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.

Mail This Completed Form to: UVA Wise Office of Financial Aid, One College Avenue, Wise, VA 24293 or Fax: 276.376.1095

OFFICE USE ONLY	Approved: Y / N
MPN: ____/____/____	Processed: ____/____/____