229.928.1378 OFFICE 229.931.2061 FAX 800 Georgia Southwestern State University Drive Americus, GA 31709 finaid@gsw.edu

DIRECT PARENT PLUS OPTION FORM

Once the Office of Student Financial Aid receives the electronic approval from www.studentloans.gov, processing will begin. If loan was approved without a requested amount, borrower must request amount below. Signature is required of parent borrower or endorser. Email and fax is acceptable.

Student Information:

Name (Please print)	SSN	GSW	GSW Student ID DOB		
Email	Phone	DOB			
Student Signature	Date	OSFA	OSFA Sign Off		
Parent/Borrower or Endorser Inform	nation:				
Name (Please print)	SSN	Phone	<u> </u>		
State/Driver's License No. DOB	Email (prefer	red method of notificati	on)		
Permanent Street Address	City	State	Zip Code		
U.S. Citizenship/National	Eligible Non-Citizen	igible Non-Citizen Alien Registration			
Requested Amount: \$	** Fall	Spring	Summer		
**Notice: Requested amou	nt will be divided equally b	etween no more than	2 semesters		
If the Parent Plus loan is approved, th Center (DLSC) and the section below denied and the <i>endorser</i> is approve proceed in the event of endorser approve	v does not have to be completed select respective option be	eted. If the parent bo	rower is		
Option A: Co-borrower Loan Servicing Center (DLSC the co-borrower/endorser ap		able to GSW until co			
Parent/Borrower/End	lorser Signature	Date			

Parent/Borrower or Endorser Consent and Acknowledgement

- ❖ I give consent to the U.S. Department of Education (DOE) and its agents to obtain a report of my credit record to use in the determination of my Direct PLUS Loan eligibility. I understand that the DOE will notify me of my application approval/denial.
- ❖ I understand that GSW requires a specified amount for the aid year and failure to specify will slow up the application process.
- ❖ I understand that, if approved, I must sign a Parent PLUS Master Promissory Note (MPN). If I have a Parent PLUS MPN on record with the Direct Loan Program, I may not be required to sign a new MPN. If I am approved for more than one child, a separate MPN must be signed for each child. I will be notified by mail or email at the addresses provided if I need to complete a MPN at www.studentloans.gov. (using the parent FSA ID).
- I understand that funds will not be disbursed until the completed MPN is received and processed by the DOF
- ❖ I acknowledge that I am NOT in default on a previous federal loan. I understand that I must use the funds received solely for expenses related to attendance at Georgia Southwestern State University and that the loan must be repaid in accordance with regulations published by the Secretary of Education.
- ❖ I understand that proceeds from this parent loan will be credited to the student's charges and any remaining funds will be disbursed to the student unless prior arrangements were made with the Office of Financial Aid.

Parent/Borrower or EndorserName (Please print)		SSN			DOB	
Permanent Street Address	City		State	Zip Code	Phone	
Parent/Borrower or Endorser Signature					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 the Direct Plus loan. The information of this form will be used to determine your eligibility for a Direct PLUS. 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.