



Office of Student Financial Aid
 1057 W. College Ave.
 Independence, KS 67301
 Phone (620) 332-5460
 Fax (620) 332-5660
 financialaid@indycc.edu

Office of Student Financial Aid Parent PLUS Loan Request

Student Information

Student Name: (Please print clearly) _____ Social Sec. # _____ - _____ - _____

Students' Anticipated Last Semester at ICC _____ Student Telephone # _____
Semester & Calendar year

Parent Information

Parent Name: _____

Parent Social Sec. # _____ - _____ - _____ Parent Date of Birth ____/____/____

Parent Permanent Address: _____
Street City ST Zip

Parent: Home Telephone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Email: _____

Loan Information

Semester requesting loan for : Fall _____ Spring _____ Summer _____
Calendar year Calendar year Calendar year

Federal Parent PLUS Loan Amount Requested: \$ _____ Semester Annual

Loan Acceptance

I accept this Federal Parent PLUS loan and am aware that it is to be credited in full, or in part, to pay my student's costs owed to ICC.

Authorization & Signature

I understand that the PLUS loan will first be applied to the ICC student account to pay for tuition, fees, room/board and other educationally related charges assessed to the student. I authorize the ICC Business Office to issue a refund to the Student via Direct Deposit or paper check to whom the PLUS loan has been requested for.

 Parent Signature

 Date

Return completed form to Office of Student Financial aid by:

Fax to (620) 332-5660 or by mail to 1057 W. College Ave., Independence, KS 67301

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.

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

Street			
_____		_____	
City		State	Zip

Phone Number			
_____		_____	
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.