

# Southern Connecticut State University

Office of Financial Aid & Scholarships (OFAS)

501 Crescent Street

New Haven, Connecticut 06515

(203) 392-5222 (phone), (203) 392-5229 (fax)

[www.southernct.edu/financialaid](http://www.southernct.edu/financialaid)

## 2011-2012 PLUS Authorization Form

Student Name: \_\_\_\_\_ SCSU ID Number: \_\_\_\_\_

**BORROWER INFORMATION** - (The Borrower is the **parent** who is applying for the Direct PLUS Loan.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

U.S. Citizen:  Yes  No If no, Alien Registration Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total PLUS Loan Requested:** \$ \_\_\_\_\_

Loan requested for:  Fall and Spring Semesters  Fall Semester Only  
 Spring Semester Only  Summer Only

**The Federal Direct PLUS Loan** is a non-need based, fixed-rate 7.9% loan for the **parent** of the dependent undergraduate student to assist with educational expenses. You may request up to the student's cost of attendance *minus* financial aid. Repayment of the **Federal Direct PLUS Loan** begins 60 days after the loan is fully disbursed.

**By completing this form, you are authorizing OFAS to perform a credit check and determine your eligibility for a Federal Direct PLUS Loan.**

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\*\*\*Return this form to the Office of Financial Aid & Scholarships\*\*\*