

Sul Ross State University

Parent Plus Request Form

SRSU Title IV Code: 003625

SUBMIT YOUR REQUEST TO THE APPROPRIATE SRSU FINANCIAL AID OFFICE:

Office of Financial Aid
P.O. Box C-2
Alpine, TX 79832
Phone: (432) 837-8050
Fax: (432) 837-8411
E-mail: fa@sulross.edu

Office of Financial Aid
3107 Bob Rogers Drive
Eagle Pass, TX 78852
Phone: (830) 758-5021
Fax: (830) 758-5019
E-mail: rgcfao@sulross.edu

Office of Financial Aid
2623 Garner Field Road
Uvalde, TX 78801
Phone: (830) 279-3008
Fax: (830) 279-3009
E-mail: rgcfao@sulross.edu

Office of Financial Aid
205 Wildcat Drive
Del Rio, TX 78840
Phone: (830) 703-4824
Fax: (830) 703-4810
E-mail: rgcfao@sulross.edu

Printed Name of Student

Student Social Security Number

Student Date of Birth

A#

Printed Lname, Fname, M. of Parent Borrower

Parent Borrower's SSN

Parent Borrower's Date of Birth

Parent Borrower's DL#

State

Parent Email

Parent Borrower's Telephone Number

U.S. Citizen? Yes No Parent Borrower in Default on a Federal Loan? Yes No

If you are not a U.S. Citizen, are you an eligible non-citizen? Yes NO Alien Registration # _____

Indicate the application period(s) and loan amount(s) requested:

FALL ____:	\$ _____	}	\$ _____
SPRING ____:	\$ _____		
SUMMER I ____:	\$ _____	}	\$ _____
SUMMER II ____:	\$ _____		

I authorize the Financial Aid Office to release information concerning my aid application and awards to my parents.

Student 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 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.

I authorize Sul Ross State University to transfer my Parent Federal PLUS proceeds received by electronic funds transfer (EFT) to my student account above for the payment of tuition, fees, room, board, or any other University debt. I further authorize any Parent PLUS proceeds in excess of the amount owed the University to be disbursed directly to the student.

Parent Borrower's Address, City, St, Zip

Parent Borrower's Signature

Date

FOR OFFICE USE ONLY					
<input type="checkbox"/> Fall ____	<input type="checkbox"/> Spring ____	<input type="checkbox"/> Summer I ____	<input type="checkbox"/> Summer II ____	Original Grade Level ____	New Grade Level ____
EFC ____	Original Budget ____	Revised Budget ____	Aid ____	Status	I or D
Original Loan Amount ____	Increase in Loan Amount ____	Revised Loan Amount ____			
Comments: _____					
FAO Signature _____	Date _____	Banner updated by _____	Date _____		