

SUL ROSS STATE UNIVERSITY

Parent Plus Loan Application

SRSU School Code: 003625

STUDENT INFORMATION

A# (Student ID): _____

Student's Full Name: _____

Student SSN: _____

Student Date of Birth: _____

PARENT INFORMATION

Parent's Full Name: _____

Parent's SSN: _____

Parent's Date of Birth: _____

Parent's Driver's License #: _____

State: _____

Parent's Address (City, State, Zip): _____

Parent Email: _____

Parent Phone: _____

Citizenship Status: [] U.S. Citizen [] Non-U.S. Citizen

If non-citizen, provide Alien Registration #: _____

Is the Parent Borrower in default on a Federal Loan? [] Yes [] No

APPLICATION PERIOD AND LOAN AMOUNTS REQUESTED

Fall 20____ \$: _____

Summer I 20____ \$: _____

Spring 20____ \$: _____

Summer II 20____ \$: _____

Total \$: _____

Total \$: _____

AUTHORIZATION TO RELEASE INFORMATION

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 to determine eligibility for a Direct PLUS Loan. I understand I will be notified of the results of the credit check.

I authorize Sul Ross State University to transfer my Parent PLUS Loan funds by EFT to my student account for payment of tuition, fees, housing, or other debts. Any remaining funds may be refunded directly to the student.

Parent Signature: _____ Date: _____

SUBMIT YOUR APPLICATION TO ONE OF THE SRSU FINANCIAL AID OFFICES BELOW

Office of Financial Aid – Alpine

East Highway 90, Box C-2
Alpine, TX, 79832
Phone: (432) 837-8050
Email: FA@sulross.edu

Office of Financial Aid – Eagle Pass

3107 Bob Rodgers Drive
Eagle Pass, TX, 78852
Phone: (432) 837-8050
Email: FA@sulross.edu



For Office Use Only

Term: [] Fall [] Spring [] Summer I [] Summer II

Original Grade Level: _____ New Grade Level: _____

EFC: _____ Status: [] I [] D

Original Budget: _____ Revised Budget: _____

Original Loan Amount: _____ Increase: _____ Revised Loan Amount: _____

Comments: _____

FA Counselor Signature: _____ Date: _____

Banner Updated By: _____ Date: _____