

Office of Student Financial Assistance Lucas Administration Center 416 Nunn Drive Highland Heights, KY 41099

Office: 859-572-5143 Fax: 859-572-6997 ofa@nku.edu

PLUS LOAN AUTHORIZATION FORM 2018 - 2019

2018 - 2019		
	STUDENT INFORMATION	
Student's Name	Please Print	Middle Initial
Telephone Number	_	Student ID Number
DAG	RENT BORROWER INFORMATION	
FAR	RENT BURRUWER INFORMATION	1
Parent's Name	Please Print	Middle Initial
Street AddressCity	/State	Zip Code
Telephone Number	Social Security Number	Birth Date
Parent must sign a MPN with the Department of Ed complete a credit check annually* at www.studentl loan funds will be disbursed to the school at the ap *Credit check information is only valid for 180 days	oans.gov (see "Request a PLUS Loan" instru opropriate time.	
	LOAN PERIOD	
Check one:		
Academic Year* Fall ON *Loan amounts for an academic year loan will be divide	1 3	
\$	Requested amoun	!
Loan recipients who drop below half time	e enrollment are subject to a cancellation	on of subsequent loan disbursements.
	CERTIFICATION	
I certify that all the information on this form is true of the information provided. I certify the parent li I authorize Northern Kentucky University to release nrollment status, current address). I authorize Northern to the student's account.	isted on this form is the biological/adoptive ase to the Department of Education any req	parent or eligible step-parent of the student. uested information pertinent to this loan (e.g
Student Signature]	Date (month/day/year)
Parent Signature		Date (month/day/year)
	FC	R OFFICE USE ONLY
	□Staff Reviewed	Process Date: Initials
	□Mail	minuais milliais

□Fax □E-Mail