

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 2023 - 2024

	STUDENT INFORMA	TION		
Student's Name	Please Print	Middle	Middle Initial	
Telephone Number			Student ID Number	
	PARENT BORROWER INF	ORMATION		
Parent's Name	Please Print	Middle	Middle Initial	
Street Address	City	State	Zip Code	
Telephone Number	Social Security	Social Security Number		
Parent must sign a MPN with the Department of Ed	ucation before loan funds can be disburs	ed. Borrowers of the PLUS loan a	e required to complete a credit	
check annually* at www.studentloans.gov (see "Re				
school at the appropriate time. *Credit check information is only valid for 18	a dave			
	o uays.			
	LOAN PERIOD			
Check one:				
Academic Year*		Spring ONLY	Summer	
*Loan amounts for an academic year loan will b				
	<b>^</b>			
Loan recipients who drop below hal	S Reques f time aprollment are subject to		iont loon dichurcomonte	
	-			
	CERTIFICATIO	N		
I certify that all the information on this form	is true to the best of my knowledg	e. If asked by an authorized	official, I agree to give proof	
of the information provided. I certify the pa				
I authorize Northern Kentucky University to				
enrollment status, current address). I author funds to the student's account.	Shze Northern Kentucky Oniversity	to release a credit balance n	esuling from PLUS Loan	
	<b>.</b>		·····	
Student Signature (Electroni	c Signatures will not be accepte	ed) Date (month	/day/year)	
Parent Signature (Electronic Signatures will not be accepted) Date (month/day/year			/day/year)	
		FOR OFFICE		
	□Sta	ff Reviewed	Process Date:	
	□Mai	Initials	Initials	

□Fax □E-Mail