



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 2024 - 2025

STUDENT INFORMATION

Student's Name	<i>Please Print</i>	Middle Initial
Telephone Number	Student ID Number	

PARENT BORROWER INFORMATION

Parent's Name	<i>Please Print</i>	Middle Initial	
Street Address	City	State	Zip Code
Telephone Number	Social Security Number	Birth Date	

Parent must sign a MPN with the Department of Education before loan funds can be disbursed. Borrowers of the PLUS loan are required to complete a credit check annually* at www.studentloans.gov (see "Request a PLUS Loan" instructions on this website). Upon approval, the loan funds will be disbursed to the school at the appropriate time.

*Credit check information is only valid for 180 days.

LOAN PERIOD

Check one:

- Academic Year*
 Fall ONLY
 Spring ONLY
 Summer

*Loan amounts for an academic year loan will be divided evenly between the fall and spring semesters.

\$ _____ Requested amount

Loan recipients who drop below half-time enrollment are subject to a cancellation of subsequent loan disbursements.

CERTIFICATION

I certify that all the information on this form is true to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information provided. I certify the parent listed on this form is the biological/adoptive parent or eligible step-parent of the student. I authorize Northern Kentucky University to release to the Department of Education any requested information pertinent to this loan (e.g. enrollment status, current address). I authorize Northern Kentucky University to release a credit balance resulting from PLUS Loan funds to the student's account.

 Student Signature (Electronic Signatures will not be accepted)

 Date (month/day/year)

 Parent Signature (Electronic Signatures will not be accepted)

 Date (month/day/year)

FOR OFFICE USE ONLY			
<input type="checkbox"/> Staff Reviewed	_____	Process Date:	_____
<input type="checkbox"/> Mail	Initials		Initials
<input type="checkbox"/> Fax			
<input type="checkbox"/> E-Mail			