

Office of Student Financial Assistance Lucas Administration Center 416 Nunn Drive Highland Heights, KY 41099 Office: 859-572-5143 ofa@nku.edu

## PLUS LOAN AUTHORIZATION FORM 2025 - 2026

| STUDENT INFORMATION  |   |   |   |                  |
|--|---|---|---|------------------|
|  |   |   |   |                  |
| Student's Name   | Please Prin   | t   | Middle Initial  |                  |
| Telephone Number   |   |   | Student ID Number   |                  |
|  | PARENT BORROWER I   | NFORMATION  |   |                  |
|  |   |   |   |                  |
| Parent's Name  | Please Prin   | t   | Middle Initial  |                  |
| Street Address   | City  | State   | Zip Code  |                  |
| Telephone Number   | Social Sec  | urity Number  | Birth Date  |                  |
| Parent must sign a MPN with the Department of Edu<br>check annually* at www.studentloans.gov (see "Reg<br>school at the appropriate time.<br>*Credit check information is only valid for 180   | uest a PLUS Loan" instructions on t                                 | his website). Upon approval                         |   | it               |
| Chaskerse  | LUAN PERI   | 00  |   |                  |
| Check one: Academic Year* Fal Loan amounts for an academic year loan will be   | I ONLY  | Spring ONLY   | Summer  |                  |
| Loan recipients who drop below half  |   | uested amount<br>t to a cancellation of s           | ubsequent loan disbursement   | s.               |
|  | CERTIFICAT  | ION   |   |                  |
| I certify that all the information on this form<br>of the information provided. I certify the par<br>I authorize Northern Kentucky University to<br>enrollment status, current address). I author<br>funds to the student's account. | ent listed on this form is the bi<br>release to the Department of I | ological/adoptive parent<br>Education any requested | or eligible step-parent of the stud<br>d information pertinent to this loar | lent.<br>n (e.g. |
| Student Signature (Electronic  | Signatures will not be acce   | epted) Date   | (month/day/year)  |                  |
| Parent Signature (Electronic   | Signatures will not be accept                                       | oted) Date  | (month/day/year)  |                  |
|  |   |   | FICE USE ONLY   |                  |
|  |   | Staff Reviewed<br>Mail                              | ials Process Date:  | als              |

□Fax □E-Mail