

# Sul Ross State University

## Parent Plus Request Form

SRSU Title IV Code: 003625

### SUBMIT YOUR REQUEST TO THE APPROPRIATE SRSU FINANCIAL AID OFFICE:

Center for Enrollment Services  
P.O. Box C-2  
Alpine, TX 79832  
Phone: (432) 837-8050  
Fax: (432) 837-8411  
E-mail: fa@sulross.edu

Office of Financial Aid  
3107 Bob Rogers Drive  
Eagle Pass, TX 78852  
Phone: (830) 758-5021  
Fax: (830) 758-5019  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
2623 Garner Field Road  
Uvalde, TX 78801  
Phone: (830) 279-3008  
Fax: (830) 279-3009  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
205 Wildcat Drive  
Del Rio, TX 78840  
Phone: (830) 703-4824  
Fax: (830) 703-4810  
E-mail: rgcfao@sulross.edu

_____ Printed Name of Student	_____ Student Social Security Number	_____ Student Date of Birth	_____ A#
_____ Printed Lname, Fname, M. of Parent Borrower	_____ Parent Borrower's SSN	_____ Parent Borrower's Date of Birth	
_____ Parent Borrower's DL#	_____ State	_____ Parent Email	_____ Parent Borrower's Telephone Number

U.S. Citizen?  Yes  No      Parent Borrower in Default on a Federal Loan?  Yes  No

If you are not a U.S. Citizen, are you an eligible non-citizen?  Yes  NO      Alien Registration # \_\_\_\_\_

### Indicate the application period(s) and loan amount(s) requested:

FALL ____:	\$ _____	}	\$ _____
SPRING ____:	\$ _____		
SUMMER I ____:	\$ _____	}	\$ _____
SUMMER II ____:	\$ _____		

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 from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

I authorize Sul Ross State University to transfer my Parent Federal PLUS proceeds received by electronic funds transfer (EFT) to my student account above for the payment of tuition, fees, room, board, or any other University debt. I further authorize any Parent PLUS proceeds in excess of the amount owed the University to be disbursed directly to the student.

\_\_\_\_\_  
Parent Borrower's Address, City, St, Zip

\_\_\_\_\_  
Parent Borrower's Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> Fall ____	<input type="checkbox"/> Spring ____	<input type="checkbox"/> Summer I ____	<input type="checkbox"/> Summer II ____
Original Grade Level ____	New Grade Level ____		
EFC ____	Original Budget ____	Revised Budget ____	Aid ____
Status	I or D		
Original Loan Amount ____	Increase in Loan Amount ____	Revised Loan Amount ____	
Comments: _____			
FAO Signature ____	Date ____	Banner updated by ____	Date ____