



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783  
906-635-2678 • Fax: 906-635-6669

Dear Parent Borrower:

**If you are interested in the Parent PLUS Loan for 2009-2010, please complete and return this form.** Lake Superior State University offers the PLUS Loan through the Direct Loan program using the Master Promissory Note (MPN) for PLUS Loans. If you have not already completed a MPN as a parent borrower, please go to <https://dlenote.ed.gov> and complete an electronic master promissory note by selecting “Complete new MPN for Parent PLUS Loan” option. Your federal PIN is required. If you do not know your PIN, you can request a duplicate PIN from this site. For Parent PLUS loans, a PIN for the parent borrower is required, separate from the student PIN.

One parent or step-parent will be the borrower for an eligible student under this MPN program, with the ability to add loans each year without processing another loan note. The parent must consent the loan authorization and indicate the amount desired for the 2009-2010 academic year. The parent must also indicate whether or not an endorser will be sought if credit is denied.

The maximum loan available is shown on the student’s Official Offer of Award letter. It is not recommended that you borrow the maximum offered. Please review your costs carefully and borrow only what you need. If you need to adjust your original amount requested, you can do so by notifying the Financial Aid Office.

All loans will disburse in two equal payments to the student account, less fees. For example, if you wish to borrow \$10,000 for the year, \$4,875 will disburse at the beginning of fall semester and \$4,875 will disburse at the beginning of spring semester. The money will be credited to the student’s account and any excess refunded within fourteen days of disbursement. Interest begins accruing as soon as the first disbursement is made to the student’s account.

Repayment can either begin after the second half is disbursed (usually by February for a fall/spring loan), or can be deferred until six months after the date the student ceases to be enrolled at least half time. Interest accrues during the deferment period if this option is selected. To request deferment, call 1-800-848-0979.

If you have questions about the Direct PLUS Loan or other federal student aid programs, call the Federal Student Aid Information Center at 1-800-4-FED-AID or visit the direct loan website at <http://www.ed.gov/DirectLoan> or contact our office at 1-906-635-2678.

**Privacy Act Disclosure Notice**

The Privacy Act of 1974 (5 U.S.C.552A) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called “Title IV Program Files” (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and “National Student Loan Data System” (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an enquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier throughout the life of your loan(s) so that date may be recorded accurately.

**PLEASE COMPLETE THE AUTHORIZATION FORM & RETURN TO THE FINANCIAL AID OFFICE**

# PARENT BORROWER'S AUTHORIZATION FOR PLUS LOAN

Please complete the required information and return this form to authorize the initiation of your Federal Direct Plus Loan.

**PARENT PLUS LOAN amount requested for 2009-10**

\$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent Plus Loan Borrower**

\_\_\_\_\_  
**Today's Date**

**On behalf of student:** \_\_\_\_\_

**ID:** \_\_\_\_\_  
(Print your student's name & ID number)

## ***Parent's 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.

\_\_\_\_\_  
Parent Borrower's Social Security Number

\_\_\_\_\_  
Parent's Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent's Telephone Number

### **U.S. Citizenship Status (check one)**

- (1)  U.S. Citizen or National  
(2)  Permanent Resident/Other Eligible Non-citizen  
If (2), Alien Registration No: \_\_\_\_\_

If it is determined that I have an adverse credit history, I would try to obtain an endorser.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Once you have submitted this form to the Financial Aid Office, if this is your first Parent Plus Loan for this student, please complete the Master Promissory Note at <https://dlenote.ed.gov> using your Federal PIN.**

**RETURN FORM by fax to 906-635-6669 or mail to:  
Lake Superior State University  
Financial Aid Office  
650 West Easterday Avenue  
Sault Ste. Marie, MI 49783-1699**