

212 University Center Huntsville, Al 35899 Phone: (256) 824-6241 Fax: (256) 824-6212

2013-2014 AUTHORIZATION FORM FOR PARENT PLUS LOAN

Student Last Name	First Name	Middle Initial	
Student Date of Birth	Student Identification Number		
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Parent Borrower Last Name	First Name	Middle Initial	
Parent Borrower Date of Birth	Parent Borrow	rer Social Security Number (required for parental identification)	
signature below authorizes UAHU use these funds to cover other not	NTSVILLE to credit the n-mandatory charges th	be automatically deducted from your Parent PLUS loan. Your account of the student listed above with the Parent PLUS loan and at the student may incur. Any funds remaining once charges have when you submitted the plus loan application.	
I authorize UAHUNTSVILLE to c and use these funds to cover ar		e student named in this form with my Parent PLUS loan funds udent may incur.	
Parent Borrower Signature		Date	
DENIAL **IF THE CREDIT DECIS	SION ON PARENTAL L	OAN (PLUS) HAS BEEN DENIED, PLEASE CHOOSE ONE OF THE	
Option 1. I will appeal the application until I notify you		Il obtain a credit eligible endorser. Please do not cancel my PLUS ling my PLUS.	
Option 2. I request the additional Stafford Unsubsidized loan funds be awarded to my student upon the denial of my credit decision. I understand that the annual funding amount available to the student is limited to no more than \$4,000 as a freshman or sophomore and \$5,000 as a junior or senior.			
Option 3. Please cancel my request for the PLUS Loan. No further action is requested. I understand that we are responsible for any unpaid balances of the student's account			
AMOUNT REQUESTED PER TE	RM		
Fall	Spring \$	Summer\$	
	the aid the student is rece	ns aid is requested OR as a parent borrower you can borrow up to the civing. For more information on estimated attendance cost, please see	
I request the additional amount in	unsubsidized loan.		
Student Signature		Date	