

**UNIVERSITY OF SOUTH ALABAMA  
FEDERAL PARENT LOAN FOR UNDERGRADUATE STUDENT  
REQUEST – 2009-2010**

Office of Financial Aid  
Meisler Hall, Suite 1200  
Mobile, AL 36688  
251/460-6231 (Office), 251/460-6517 (Fax), 251/460-6079 (Fax 2)

**Directions: To accept the PLUS loan, complete this form within 20 days and return to our office with a readable copy of the parent driver's license so that we can continue processing your PLUS loan request. DO NOT SEND OR FAX DUPLICATES.**

**TO BE COMPLETED BY THE STUDENT:**

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student No. J00 Date of Birth \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last name First name MI Maiden name

Were you born before January 1, 1985? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you a veteran of the US Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you an orphan or ward of the court? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have a legal dependent other than a spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you married? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_ I certify that I am registered with Selective Service  
\_\_\_\_ I certify that I am not required to be registered with Selective Service because:  
\_\_\_\_ I am female.  
\_\_\_\_ I am in the armed services on active duty. (NOTE: does not apply to members of the Reserves or National Guard who are not on active duty.)  
\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.  
\_\_\_\_ I was born before 1960.  
\_\_\_\_ I am a permanent resident of the Trust Territory of the Pacific Islands.  
\_\_\_\_ I am a citizen of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT APPLYING FOR THE PLUS LOAN:**

**I am requesting a PLUS loan to offset educational expenses for my dependent student. I am not in default of any federal student loans and agree that PLUS proceeds in excess of institutional charges will be refunded to the parent by the Student Accounting Office (provided the student meets eligibility requirements).**

\* \* \* \* \*  
**YOU (THE PARENT) MUST SUBMIT A READABLE COPY OF YOUR DRIVER'S LICENSE**  
\* \* \* \* \*

Parent Borrower SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First : \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal State of Residence: \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Are you a US Citizen: Y or N Alien #: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_