



PARENT PLUS DIRECT LOAN REQUEST FORM

PLEASE COMPLETE THIS FORM AND RETURN TO THE FINANCIAL AID OFFICE

Parent Information:

Name: _____ Social Security #: _____

Birth Date: _____

Address: _____
P.O./Street City/State Zip

Home Phone: (____) _____ Driver's License #: _____
(State/Number)

Student Information:

Name: _____ Social Security #: _____

Student ID #: _____ Anticipated Graduation Date: _____

Are you a dorm student (Yes___) (No___) If so what is room number: _____

Total Amount of

PLUS Loan Request: FALL \$ _____ SPRING \$ _____ SUMMER \$ _____

You have the right to cancel or reduce the loan amount at any time by completing a Parent Right to Cancel Loan Form located on http://www.coastalalabama.edu/financial_aid/forms/

1) Do you, the parent, authorize any balance of loan proceeds to be issued to your dependent student?

Yes _____ No _____

2) Do you, the parent, authorize the College to transfer the EFT loan proceeds to the students account?

Yes _____ No _____

I hereby certify that I understand the information listed above, and declare that the loan proceeds will be used for Educational purposes.

Parent Signature: _____ Date: _____

**Coastal Alabama Community College
Financial Aid
Central Processing Office
1900 Highway 31 S
Bay Minette, AL 36507
Phone: 251-580-2151
Fax: 251-580-2182
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