



# 2024-2025 FEDERAL DIRECT PLUS LOAN Application and Funds Release Authorization

Date \_\_\_\_\_

Student name \_\_\_\_\_ Student Social Security No. \_\_\_\_\_

If there is an outstanding bill for my son/daughter (which includes but is not limited to tuition and incidental fees, room, board, lab fees, hall damages, library fines, parking fees, emergency short term loans, etc.), the balance will be taken from the loan funds when the loan is applied to the student account. **Loan proceeds will be disbursed once per term unless the loan is a one term loan and then there are two disbursements with the second at mid-term.**

.....  
***If your son/daughter owes no outstanding bill to the college, a CHECK will be mailed to the parent at the address provided below.***

You will need to go to [www.studentloans.gov](http://www.studentloans.gov) and electronically sign the PLUS Master Promissory Note. You will need your federal student aid id that was used to sign your son or daughter's FAFSA. ***Please fill out the application with your full legal name and sign the promissory note with your legal name. (Example: Robert should be used instead of Bob, Cynthia instead of Cindy, etc.)***

### The following information is needed to process this loan:

Parent Information (only one parent may apply) Proceeds will be mailed to the parent at the address listed below.

Last name \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Phone number \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of birth \_\_\_\_\_

Permanent address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's license \_\_\_\_\_ State issued \_\_\_\_\_

Total amount of loan requested: \$ \_\_\_\_\_

Loan period (Circle one): **Fall Term only**    **Spring Term only**    **Fall & Spring Terms**    **Summer Term only**

**If you decide you do not want the loan prior to disbursement, please notify the college in writing of your decision.**

If you have questions, please contact the Financial Aid Office on the campus your son or daughter attends.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, I the parent, understand the above conditions.**

**Mail completed form to: M State Processing Center, 1414 College Way, Fergus Falls, MN 56537**