

University of Minnesota, Crookston

Instructions: Please complete and return via fax or mail.

Financial Aid Office
University of Minnesota, Crookston
170 Owen Hall, 2900 University Ave.
Crookston, MN 56716
Phone: 218/281-8569
Fax: 218/281-8575

Student Name

ID #

Consent to Obtain Credit Report

I give consent to the U.S. Department of Education and its agents to obtain a report of my credit record and to use the results in the determination of my Direct PLUS loan. I understand that I will be notified in writing by the Direct Loan Servicing Center of the results of the credit check and options with respect to my loan application.

PARENT:

Social Security Number

Date of Birth (MM/DD/YYYY)

Last Name

First Name

M.I.

Street

City

State

Zip

Phone Number

Relationship to Student

Signature of Borrower

Today's Date

A letter stating the results will be mailed to the above address upon completion of credit check. If credit is **approved**, an application for the PLUS loan will be mailed to the parent above.

If my credit is **denied**, the PLUS loan will be canceled and my son/daughter will be offered additional unsubsidized loan (maximum annual limits of up to \$4000 for Freshmen and Sophomores & up to \$5000 for Juniors and Seniors).

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 inquiry 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 data may be recorded accurately.