



STATE UNIVERSITY OF NEW YORK

## 2020-2021 Direct PLUS Loan Application

Securely upload documents by logging into your MyHeliotrope account at <https://apps.purchase.edu/SecureDocumentUpload/SDU/101/>

Student Name

Purchase ID

### Loan Period

☐

Full Year  
(Fall & Spring)

☐

Fall 2020

☐

Spring 2021

### Dollar Amount of Loan

☐

I request \$ \_\_\_\_\_  
Please note an origination fee of  
4.236% is deducted.

☐

Only cover the open balance.  
Our office will calculate this to the nearest  
dollar, accounting for the origination fee.

**Please Note:** If you check nothing we will assume you wish to borrow the maximum amount qualified to you for the full academic year.

### Parent or Graduate Student information to obtain Credit Check

Are you in default of a Student Loan? ☐ YES ☐ NO

☐

US Citizen

☐

Eligible Non-Citizen USCIS# \_\_\_\_\_

☐

Ineligible Non- Citizen

Full Name

SSN

DOB

Phone

Email

Driver's License

Home Address

### 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 noticed 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 insurance 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.

**By signing below, you acknowledge that you have read this document in full and have filled out the required information accurately, and consent to the U.S. Department of Education and its agents obtaining a report of your credit.**

**Borrower:**

Printed Name

Signature

Date