



**Student Information:**

Student Name: \_\_\_\_\_ FRC ID: \_\_\_\_\_  
S.S.N: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent Information:**

Parent Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number – Permanent: \_\_\_\_\_  
Phone Number – Cell Phone: \_\_\_\_\_

**For which semester(s) would you like to request an additional amount for your PLUS loan?**

**(All loans are disbursed in two disbursements, including single semester loans)**

- Fall 2017 & Spring 2018       Fall 2017 **Only**       Spring 2018 **Only**

Original PLUS Amount	\$ _____	(7.00 % Interest Rate)
<i>Additional Amount Requested</i>	\$ _____	
New PLUS Loan Amount	\$ _____	

*\*I understand that the parent PLUS loan is disbursed into my student's billing account first. FRC will use these funds to pay enrollment, housing charges, transit fees, health fees, individual course fees, course material fees, book loans for the current year, and up to \$200 of applicable prior academic year charges. Any remaining credit balance is then refunded to the parent or student as designated below:*

- I hereby authorize Feather River College to prepare a check for any excess funds from my Federal Direct Parent PLUS Loan made **payable to the student** for whom this loan was granted.

**[OR]**

- I request that Feather River College prepare a check for any excess funds from my Federal Direct PLUS Loan made **payable to me**.

All of the information on this form is true and complete to the best of my knowledge. By signing this document, I consent to the U.S. Department of Education and its agents to perform a *credit check* and use the information to determine whether I am eligible for the Federal Direct PLUS Loan.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.  
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

<b>**FOR OFFICE USE ONLY**</b>			
		<b><u>Amount(s) Originated:</u></b>	
Processed By _____	Date _____	SUB	UNSUB