



**DAKOTA COUNTY**  
TECHNICAL COLLEGE

# 2011-2012 Federal Direct PLUS Loan Authorization

Please Complete and return to:  
DCTC Financial Aid Office  
1300 145<sup>th</sup> Street E.  
Rosemount, MN 55068  
Telephone: (651) 423-8299  
Fax: (651) 423-8779

DCTC processes PLUS Loan funds through the Federal Direct Loan program. Parents MUST complete this form AND the Federal Direct PLUS Loan Master Promissory Note online at [www.dlenote.ed.gov](http://www.dlenote.ed.gov).

## Student Information:

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

## Borrower (Parent) Information:

Parent Borrower Name: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Parent Social Security Number: \_\_\_\_\_ Parent Driver License Number: \_\_\_\_\_

Permanent Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Loan Information:

Amount you wish to borrow \$ \_\_\_\_\_

Process this application for (check one): Fall only \_\_\_\_\_ Fall and Spring \_\_\_\_\_ Spring Only \_\_\_\_\_

## Parent Borrower Certification:

I authorize the Financial Aid Office at Dakota County Technical College to certify and submit my Federal Direct PLUS Loan application. I understand that the Financial Aid Office will determine my maximum eligibility.

I authorize the Tuition Office at DCTC to electronically endorse and automatically apply the PLUS loan proceeds to my son/daughter's student account to pay college charges he/she owes DCTC for the enrollment period of the loan.

If there are any remaining funds after college charges at DCTC are paid, my son/daughter will receive the overage in the form of a check mailed to the student's address on record with the college. If this is not acceptable, I understand that I must contact the DCTC Tuition Office at (651) 423-8246.

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

If a parent of a dependent student is denied the PLUS loan, the student may be eligible for additional Unsubsidized Stafford Loan funds.

For parents who are submitting this request for CREDIT DENIAL only, your signature below authorizes DCTC to check your credit through the federal Direct Loan program to obtain a denial.

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

\*\*\*\*If you are requesting credit check only, we cannot accept this form via fax\*\*\*\*