



2026-2027 Direct Parent Plus Loan Request Form

Student Name: _____ SS# _____

Parent Name: _____ SS# _____

Parent Driver's License: **State** _____ **Number** _____

Amount you want to borrow: \$_____. Your loan will be processed for the period indicated on your PLUS application. For a full academic year loan, half will pay in the fall and half in the spring. One semester loans will be disbursed in two equal disbursements within the one semester.

All PLUS loan proceeds are automatically applied to tuition, fees, residence hall, student sickness insurance, and meal plan charges. With authorization from the parent borrower, funds may also be credited to the student's account for other charges owed to the school such as bookstore charges, parking tickets or library fines.

____ YES, I authorize proceeds from this PLUS loan to be applied to institutional charges OTHER than tuition, fees, residence hall and meal plan charges as stated above.

____ NO, I do NOT authorize proceeds from this PLUS loan to be applied to institutional charges OTHER than tuition, fees, residence hall and meal plan charges.

Any remaining balance will be refunded directly to the parent borrower unless indicated differently on the PLUS Application.

Please sign and date this form and return to the Financial Aid Office for processing.

Parent Signature*

Date

Mail form to:
Corning Community College • Financial Aid Office • 1 Academic Drive • Corning, NY 14830
• Phone: 607-962-9875

*By signing this form as the "Parent" you are verifying that you are the biological or adoptive parent of the student or the student's stepparent if the biological or adoptive parent has remarried at the time of filing the FAFSA and your income and assets were reported on the FAFSA.