

## 2020-2021 Direct Parent Plus Loan Request Form

Student Name:	SS#
Parent Name:	SS#
Parent Driver's License: State	Number
	Your loan will be processed for the period indicated on your ar loan, half will pay in the fall and half in the spring. One semester irsements within the one semester.
meal plan charges. With authorization fro	applied to tuition, fees, residence hall, student sickness insurance, and om the parent borrower, funds may also be credited to the student's the school such as bookstore vouchers, automotive tools, parking tickets
YES, I authorize proceeds from this fees, residence hall and meal plan charges	PLUS loan to be applied to institutional charges OTHER than tuition, s as stated above.
NO, I do NOT authorize proceeds fr tuition, fees, residence hall and meal plan	rom this PLUS loan to be applied to institutional charges OTHER than a charges.
Any remaining balance will be refund on the PLUS Application.	ded directly to the parent borrower unless indicated differently
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 • Fax: 607-962-9019

\*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 and used in calculating the dependent student's expected family contribution.