2020-2021 Federal Direct PLUS Loan Authorization

DAKOTA COUNTY
TECHNICAL COLLEGE

Please Complete and return to:
DCTC Financial Aid Office
1300 145th 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.studentloans.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: _____

Telephone Number: _____ email: _____

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 remining 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****