



Federal Direct Parent Loan

William D. Ford Federal Direct Loan Program

Consent to Obtain Credit Report

The student of a parent that has an adverse credit history may be eligible to borrow additional funds from the Direct Student Loan program.

Student's Name _____

Social Security Number _____ Student ID _____ Date of Birth _____

Parent Information (REQUIRED)—Please Print Clearly

Last Name _____ First Name _____ MI _____

Phone Number _____ Social Security Number _____

Date of Birth _____ Are you a US citizen? Yes No

Permanent Address _____

City _____ State _____ Zip _____

Driver's License # _____ State _____

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from the report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Parent Signature _____ **Date** _____

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12th, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20th 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C 1091(a)(4) provided that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

MAIL THIS COMPLETE AND SIGNED FORM TO:

Hibbing Community College ~ Financial Aid Office ~ 1515 E 25th St. ~ Hibbing, MN 55746

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