



2016-2017 PLUS LOAN AMOUNT REQUEST FORM

Parent Borrower Information

Last Name _____ First Name _____ M.I. _____ SSN _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Date of Birth: _____

Student Information

Student Name _____ Student SSN _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____

Parent Loan Amount Requested \$

For which semester(s) (check only one)

Fall 2016 & Spring 2017 Fall 2016 Spring 2017 Summer 2017

To Parent (Borrower):

Please indicate below where you would like the refunded portion of the PLUS loan (if any) to be directed.

CHOOSE ONE

Please refund any remaining PLUS loan amount to the student.

Please refund any remaining PLUS loan amount to (me) the student's parent.

Parent address (if different than above)

Borrower Signature (Parent) _____ Today's Date _____

RETURN TO ACC FINANCIAL AID OFFICE, 665 JOHNSON STREET, ALPENA, MI 49707. FAX #989-358-7541.

Any questions, contact 989-358-7286.