

2025-2026 Federal PLUS Loan Authorization

To borrow a PLUS Loan parents **MUST** complete this form AND the Federal Direct PLUS Loan Master Promissory Note online at www.studentaid.gov

Student Information:

Name: _____ Date of Birth: _____ Student ID: _____

Email Address: _____ Phone Number: _____

Borrower (Parent) Information:

Parent Borrower's Name: _____

Parent's Date of Birth _____ Parent's Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Loan Information:

Amount you wish to borrow \$ _____

Process this application for: _____ Fall and Spring _____ Fall Only _____ Spring Only _____ Summer

Parent Borrower Certification:

I authorize the Financial Aid Office at Southwest MN State University to certify and submit my Federal PLUS Loan application. I understand that the SMSU Financial Aid Office will determine my maximum PLUS loan eligibility and will submit the loan application for the **lesser** of my requested amount and the maximum eligibility.

I authorize the University Cashier at Southwest Minnesota State University to electronically endorse and automatically apply the PLUS loan proceeds to my son/daughter's account to pay education debts he/she owes SMSU for the enrollment period of the loan.

If there are any remaining funds after educational charges at SMSU are paid, my son/daughter will receive the overage as direct deposit to their bank account if they have completed a direct deposit form. If no direct deposit form is on file SMSU will print and mail a check made payable to the student to the student's local address. If this is not acceptable, I understand that I must contact the SMSU Cashier at 507-537-7117.

My signature below grants authorization to the SMSU Financial Aid Office to perform a credit check to determine my eligibility for a Federal PLUS Loan. *(If a parent of a dependent student is denied the PLUS Loan the student may be eligible for additional Unsub Stafford loan funds. The student will be required to authorize the additional loan funds.)*

Parent Signature _____ Date _____



Check this box if you are turning this form in for PLUS denial purposes

Telephone 1-507-537-6281 | Toll-Free 1-800-642-0684

Fax 1-507-537-6275 | Email FinancialAid@SMSU.edu

1501 State Street, Marshall MN 56258-1598 | www.SMSU.edu

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