University of Northern Iowa

Office of Financial Aid & Scholarships

Last Name _____ First Name _____ M.I. _____ Student Number _____

Credit Record Authorization

Consent to Obtain Credit Report (to be completed by parent of student)

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

_____   _____
Social Security Number   Date of Birth (MM/DD/YYYY)

_____   _____ _____
Last Name   First Name   M.I.

_____
Street

_____ _____   _____
City   State   ZIP

_____   _____
Phone Number   Email

_____ _____
Signature of Borrower   Today's 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 the 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 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 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 employees 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 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(20U.S.C.1091(a)(4)) provides 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.

Please return the completed form to the Office of Financial Aid and Scholarships at the University of Northern Iowa by mail or FAX it to (319)273-2320.

Staff only: _____ _____ _____ _____
                    Completed Date   Staff Initial   Contacted Parent: Date & Method   Credit Decision