



The University of Texas Permian Basin

*For office use only*

MPN

Entrance Counseling

NSLDS

Date: \_\_\_\_\_

### Direct Parent PLUS Loan Acceptance Form

I have reviewed the award for my federal student loans. I would like to accept and/or modify the amount (s) that was offered to my dependent for this academic year. My Direct Parent PLUS loan will be processed for the amount (s) that I have indicated below:

	<b>Total Loan Amount Requesting for Award Year</b>
<b>Federal Direct Parent Plus Loan (Parent must initiate this loan)</b>	\$ _____

<b>Student Name:</b>	<b>Student ID#:</b>	<b>Student DOB:</b>
<b>Parent Name:</b>	<b>Parent DOB:</b>	<b>Phone Number:</b>

1. Is the parent borrower a U.S. citizen?  Yes  No
2. If no, is the parent borrower a permanent resident?  Yes  No
  - a. If yes, please provide a Resident Alien Number \_\_\_\_\_
3. Is the borrower currently in default on a federal education loan or owe a refund on a federal student grant?  Yes  No
4. Parent has completed a Direct Parent Plus Master Promissory Note at the studentloans.gov website.  Yes  No (loan will not process without this step)

**Information Accuracy**

I, \_\_\_\_\_ (Parent listed above) am the (Circle one: mother, father, stepmother or stepfather) of \_\_\_\_\_ (Student listed above) and acknowledge that all information provided in this application is both truthful and accurate. (Please sign below to agree.)

**Directions for disbursing Direct Parent Loan funds that exceed the total allowable outstanding charges.**

Please indicate on the Direct Parent Plus Loan application at studentloans.gov if you wish to have any credit balance created by the Federal Direct Parent Plus loan program refunded to your student. *The Accounting Office will disburse any funds in excess of the allowable outstanding charges on the student's UTPB account according to the designation made during the application process. Verify the name and address of the parent prior to exiting the process to ensure you have provided the correct information.*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sign and return completed form to:**  
University of Texas of the Permian Basin  
Office of Student Financial Aid  
4901 E. University Blvd.  
Odessa, TX 79762

Phone: 432-552-2620 • Fax: 432-552-2621 • [finaid@utpb.edu](mailto:finaid@utpb.edu)



**Authorization for  
UTPB Financial Aid Office to  
Disclose Financial Aid Information**

This authorization is administered for the purpose of complying with the U. S. Department of Education regulation found at 34 CFR Part 99, Family Educational Rights and Privacy Act (**FERPA**). Sec. 99.30 of the regulation addresses prior consent required to disclose information. The Office of Student Financial Aid at UTPB has established the following authorization form for complying with this regulatory requirement:

**Student Authorization:**

I authorize the Office of Student Financial Aid at The University of Texas of the Permian Basin to disclose any financial aid information within the scope of the following categories:

1. Determination of my eligibility for financial aid;
2. Determination of the amount of my financial aid;
3. Determination of the conditions for my aid; or
4. Enforcing the terms and conditions of my aid.

I authorize the designated party or class of parties as specified below for disclosure of my financial aid information: *(List the name and relationship of the party or class of parties who you designate for disclosure)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Certification:**

By signing and dating this document I acknowledge that the Office of Student Financial Aid has the right to disclose my financial aid information to the party or class of parties I have designated:

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student UID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date