Federal Direct PLUS Loan
Credit Authorization Form
2019-2020 Academic Year

NAME: ___________________________ ID NUMBER ______________

Authorization
Your signature authorizes the U.S. Department of Education to initiate a credit review for the Graduate PLUS Loan. Notified will be emailed to the address listed on your FAFSA of the results of the credit check.

Note: Subsequent loan requests that occur 90 days after an initial credit check has been performed are subject to an additional mandatory credit check.

__________________________________________
Signature

__________________________________________
Date

Please return form to:

KSU-CPM OFFICE OF FINANCIAL AID
6000 ROCKSIDE WOODS BLVD
INDEPENDENCE, OH 44131
Fax: 216-916-7382  Kwrigh32@kent.edu

OFFICE USE ONLY:
Credit Check Date: ______________________ _____Approved _____Denied