



Office of Financial Aid
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For Internal Use Only	
School Term:	_____
Completed By:	_____
PLUS Answer:	_____
Date:	_____

Federal PLUS Loan Pre-Qualification Request Authorization Form

■ **PLEASE NOTE:** This is **NOT** a Federal PLUS Master Promissory Note or Application ■

Student Name: _____ SSN#: _____ - _____ - _____

To Parent Borrower:

I hereby authorize employees in Lincoln University's Office of Financial Aid to submit a Federal PLUS Loan pre-qualification request on my behalf for credit consideration.

Lender Choice

Parent's SSN#: _____ - _____ - _____ Parent's E-mail Address: _____

Parent's Address (no PO Boxes, please): _____

Parent's Daytime Phone Number: _____

Parent's Signature

_____/_____/_____
Date

Print Parent's Name

_____/_____/_____
Parent's Date of Birth

■ **PLEASE NOTE:** Grandparents and legal guardians are not parents, as defined by the Department of Education, and cannot complete the PLUS request form ■