



College Foundation, Inc.

Federal PLUS Loan Request

THIS IS NOT A LOAN APPLICATION

Use for (1) Pre-Screening (2) as Supplement to Original PLUS MPN or (3) as Subsequent PLUS MPN Request

- By signing this form, you consent to a credit check for the purpose of determining your eligibility for a Federal PLUS Loan.
- CFI will inform you and the school you indicate the result of this credit check.
- If your credit result is favorable, and you wish to apply for a PLUS Loan at CFI, you must complete the appropriate PLUS Loan application within 90 days and return it to CFI if you have not already done so.
- If your credit is satisfactory, CFI will make the loan amount and period available to the school indicated in order that the school may certify your request.
- To make an adjustment to a current loan, please contact your school or CFI.

Please PRINT neatly using dark ink.

Information About Borrower (please check one): Parent Borrower Graduate/Professional Student Borrower

Social Security Number: _____

Name: _____
First M.I. Last

Date of Birth: _____ Driver's License State and Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone _____ / _____ Evening Phone _____ / _____

Email Address: _____

State of Legal Residence: _____ since _____ / _____ / _____ Citizenship: _____ U.S. Citizen/National _____ Eligible Non-Citizen
Month Day Year

Information About Student (Not Applicable for Graduate/Professional Student Borrowers)

Social Security Number: _____

Name: _____
First M.I. Last

Information About This Request

School Student Will Attend: _____ School Code (if known): _____

School Location: _____

Loan Period: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Requested Loan Amount: \$ _____

I hereby authorize College Foundation, Inc. to obtain a current copy of my credit report from Equifax, Inc., (and/or another national credit bureau) for purposes of determining my eligibility for a Federal PLUS Loan to the school named above. I affirm that I have read all of the information contained in this document, including the statement that this does not constitute a loan application.

Signature (full name) of Borrower: _____ Date: _____

INSTRUCTIONS FOR RETURNING FORM

- To use form as a **PLUS Pre-Screening Request** or a **Subsequent PLUS MPN Request** (when you have a valid PLUS MPN on file with CFI), submit by fax (919/821-3139) or mail to: Loan Origination Services, College Foundation, Inc., P.O. Box 41977, Raleigh, NC 27629-1977.
- To use form as a **Supplement to an original PLUS MPN** as part of your initial application packet, *do not fax*. Submit this form along with your PLUS MPN application by mail to: Loan Origination Services, College Foundation, Inc., P.O. Box 41977, Raleigh, NC 27629-1977.

If you have questions or need additional information, please call toll-free 888-CFI-6400. If you wish to apply for a PLUS Loan online, visit our website www.CFNC.org.