- LAPB - UNIVERSITY of ARKANSAS

PARENT PLUS LOAN AUTHORIZATION FORM

2025-2026

UNIVERSITY	tudent Name		Date	JAPB S	SID#
of ARKANSAS					
AT PINE BLUFF™					
cording to our records, you h the UAPB Office of Student f			LUS Loan for your undergradurecords.	iate student. Please comple	ete this document and retu
ARENT INFORMATION - Pa	arent Borrower must o	complete ALL sections b	elow, and sign this form		
st Name	First Name	· MI	SSN	Date o	f Birth
reet Address			 Email		
y	Stat	e Zip	Home Phone (A	Area Code) Cell Ph	none (Area Code)
		GENERAL INFORM	ATION ABOUT PLUS LOAN	S .	
	biological or adoptive pa	rent of the student.			
 The maximum PLUS 		ed is limited to the student's	and the step-parent's income a s total cost of attendance minu		
 The total amount of 	the PLUS loan will be cr	edited to the student's acc	count in two equal disbursemen		
		gree program and in at lea PN) must be completed at	st (6) six or more credit hours of	each semester.	
			nt Loans much be completed	at <u>www.studentaid.gov</u> each	n year <u>you</u> are approved.
 Student must be ma 	intaining satisfactory ac	ademic progress in order	to receive a PLUS Loan.	:ttidill-i	0 -1
 The repayment periodisbursement. How 	od for a PLUS Loan beg ever, a parent mav regu	lins at the time the PLUS in liest a deferment from the U	oan is fully disbursed, and the t U.S. Department of Education	irst payment is due within 60	U days after the final
		PAREN'	TCERTIFICATION		a tha barrana da d
Parent must ele	ct to either ACCEPT o	r DECLINE the Direct PL	US Loan below and print the	Parent Borrowers name i	n the box provided.
		ACC	EPT the Parent PLUS Loan **	(Attach a valid copy of pa	arent's state issued ID)*
		DE0	INE II D. (DILIO)		
		DEC	LINE the Parent PLUS Loan		
		DEC	LINE the Parent PLUS Loan		
quest the following Federal	Direct Parent PLUS Loa				00
quest the following Federal I		an in the amount of	\$		00
(PLEASE DO NOT LEA	AVE THIS BOX BLANK	an in the amount of	\$ IPERIOD		
(PLEASE DO NOT LEA	AVE THIS BOX BLANK opriate enrollment peri	an in the amount of LOAN od for which the requeste	\$. Please select one of the fo	
(PLEASE DO NOT LEA	AVE THIS BOX BLANK opriate enrollment peri	an in the amount of LOAN od for which the requeste	\$ IPERIOD Id loan amount will be applied	. Please select one of the fo	llowing options below.
Please indicate the appro	AVETHIS BOX BLANK opriate enrollment peri	an in the amount of LOAN od for which the requeste 2026, the amount reques	\$ IPERIOD Id loan amount will be applied sted will be split between both	. Please select one of the fo Fall and Spring semesters)	
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Print your student's Name and Student ID Number on ALL Documents ■ Return this form with all documents attached to:
Student Financial Services Office ■ 1200 N. University Drive, Mail Slot 4985 ■ Pine Bluff, AR 71601
Office: (870) 575-8302 ■ Fax: (870) 575- 4622