

## PARENT PLUS LOAN OVERRIDE APPEAL REQUEST FORM Select

Stude	ent Information:					
Last a	nd First Name	Last 4 Digits of	Last 4 Digits of SSN			
Postal	Address					
Phone	Number_	Email				
	e fully read before cor					
Direct	Unsubsidized Loan funds	or your Parent PLUS Loan Override request to rece by Your request will be evaluate by the Financial A been evaluated, you will be notified in writing of the	id Institutional			
The de	etermination is final and ca	annot be appealed to the U.S. Department of Educa	tion.			
Requ	ired Documents:					
1.	Direct Parent PLUS Locompleted and signed.	an Override Appeal Request Form Select	<ul><li>Properly</li></ul>			
II.	<b>Parent Certification</b> – This certification must provide additional details, which were not mentioned in the original certification that can help justify your exceptional circumstances.					
	_	u must include additional evidence, which was ne dification to help justify your exceptional circumstance	•			
III.	<b>Additional Certification</b> – This certification must provide additional details, provided by another person (professional o acquaintance) which were not mentioned in the original certification that can help justify your exceptional circumstances.					
IV.	Complete the informa applies to:	tion of the Parent to whom the exceptional	circumstance			
Last a	and First Name	Last 4 Digits of	SSN			
Posta	l Address					
Phone	e Number	Cellphone Number				
Email						
	onship with student:		d Mother 2			

## PARENT CERTIFICATION (Parent to whom the exceptional circumstances applies)

Last and First Name	Last 4 Digits of S	3SN
Postal Address		
	Cellphone Number	
Email		
		<u> </u>
I certify that the information pro that submitting false informatio crime and may be punished by f	ovided in this application form is true a correct.  on to receive Federal Financial Aid is conside  fine, imprisonment or both.	. I understand ∍red a federal
Signature	Date	

Month/Day/Year

## **ADDITIONAL CERTIFICATION**

Last and Fi	irst Name		_Relationship or Ti	itle:	
	ress				
Office Number					
	Loostify that all a	of the information	reported to com-	alata and agreet	
	i certify that all c	n the information	n reported is comp	oiete and correct.	
Signature_			Date	Month/Day/Year	
				iviontn/⊅ay/ Year	

Official Stamp



Copy of this document must be kept in the student's file.