

Federal Direct GradPLUS Loan Request Form and Consent to Obtain Credit Report

To apply for the Federal Direct GradPLUS Loan, this form MUST be completed in its entirety and submitted to the Medical School Financial Aid Office. This form must be completed each time you borrow funds through the GradPLUS Loan program. You can borrow a GradPLUS Loan up to the amount of your guideline budget minus all other financial aid for the academic year. Do not borrow more than you need. If you need help in determining this amount, please contact our office.

If you have placed a “freeze” on your credit report with any of the three credit reporting agencies, please have the “freeze” lifted before submitting this form so the U.S. Department of Education may obtain a report of your credit record as part of approving this loan (see consent statement below).

This form MUST be completed legibly. Illegible forms will delay processing of the GradPLUS Loan.

Name: _____ UMID: _____

Academic Year: _____ Class Level: _____ Email Address: _____

For which term would you like to borrow?

- Fall, Winter and Spring/Summer
- Fall only
- Winter only
- Spring/Summer only

How much GradPLUS Loan would you like to borrow?

- Maximum Eligibility
- Other Amount \$ _____

Consent to Obtain Credit Report

I consent to the U.S. Department of Education and its agent obtaining a report of my credit record and using the information from that report in determining whether to make a Direct GradPLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Signature

Today's Date

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is 451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceedings in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091 (a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Please return this form by US Mail, fax, or email to:

University of Michigan Medical School
Financial Aid Office
5100 Taubman Health Sciences Library
1135 Catherine Street, Ann Arbor, MI 48109-5726
Fax: 734-764-9473
Email: medfinaid@umich.edu