



**Federal PLUS Loan Authorization Form**  
**Fall 2023 ~ Spring 2024 ~ Summer 2024**

Riverland processes PLUS loan funds through the Federal Direct Loan Program. Parents **MUST** complete this form **AND** the Federal Direct Loan Master Promissory Note online at [www.studentaid.gov](http://www.studentaid.gov).

**Student Information:**

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Borrower (Parent) Information:**

Parent Borrower's Name: \_\_\_\_\_

Parent's Date of Birth \_\_\_\_\_

Parent's Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Loan Information:**

Amount you wish to borrow: \$ \_\_\_\_\_ Fall Term      \$ \_\_\_\_\_ Spring Term      \$ \_\_\_\_\_ Summer Term

**Parent Borrower Certification:**

I authorize the Financial Aid Office at Riverland Community College to certify and submit my Federal PLUS Loan request. I understand that the Riverland Financial Aid Office will determine my maximum PLUS loan eligibility and will submit the loan request for the lesser of my requested amount or the maximum eligibility.

I authorize the Cashier at Riverland Community College to electronically endorse and automatically apply the PLUS loan proceeds to my son/daughter's account to pay education debts he/she owes Riverland for the enrollment period of the loan.

If there are any remaining funds after educational charges at Riverland are paid, my son/daughter will receive the overage as an aid apply to their BankMobile account. BankMobile will then disburse the funds as requested by the student during their initial activation process. If this is not acceptable, I understand that by marking the below checkbox, the Riverland Cashier will print and mail a paper check to me at the address listed on this authorization, for the remaining funds.

I do not want the remaining funds to be paid to my son or daughter. I understand that the Riverland Cashier will print and mail a check to me, for the remaining funds, at the address listed on this form.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you wish to cancel or change any part of this authorization, submit a written request to the Riverland Financial Aid Dept. by email, ([financialaid@riverland.edu](mailto:financialaid@riverland.edu)), mail or in person. The request will go into effect on the date received during regular business hours.

*Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.*