



SAINT AUGUSTINE'S UNIVERSITY

Office of Financial Aid

Consent to Obtain Credit Report

I consent to the U.S. Department of education and its agents obtaining a report to my credit record and using the information for that report in determining whether to make a Direct PLUS 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.

Social Security Number

Date of Birth (MM/DD/YYYY)

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Home Phone

Cell/Alternative Number

Student Last Name

Student First Name

M.I.

Student Social Security Number

Student Date of Birth

Student Phone Number

How would you like the refund to be disbursed? _____ **To the Parent** or _____ **To the Student**

Parent Signature: _____ **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 the 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, and 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 purpose for which the records were collected, for use by federal, state, local, and 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 proceeding in with the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes determining whether particular records are requested 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 written 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 you loan(s) so that data may be recorded accurately.



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