

# Parent Loan Processing Form - Aid Year 2024-2025



## Office of Financial Aid

Return form to: [financialaid@uams.edu](mailto:financialaid@uams.edu) or mail to: 4301 W. Markham St., #864 Little Rock AR 72205

Phone: (501) 686-5451 Fax: (501) 686-8002

**If emailed, the form MUST be emailed from the Parent's email address.**

## For Parent Loan Applicants Only

The parent borrower must complete all items on this sheet using his/her legal name registered with the Social Security Administration Office. **The same parent completing this form must also sign the Direct Loan Parent PLUS master promissory note using his/her FSA username and password.** Your loan application will not be processed unless all information is provided. The Parent PLUS loan requires a credit check to determine eligibility. *By signing this form, you consent to a credit check to determine eligibility for this loan.* Contact our office if you have questions regarding the Parent PLUS loan.

## STUDENT INFORMATION

Dependent Student Attending UAMS: \_\_\_\_\_ Student ID: \_\_\_\_\_

## PARENT BORROWER INFORMATION (to be completed by the parent)

Name: \_\_\_\_\_ (please print) SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
(street number) (city) (state) (zip)

Phone Number: \_\_\_\_\_ Driver's License# **(must provide legible copy)**: \_\_\_\_\_  
(include state)

Citizenship: \_\_\_\_\_ *(If you are an eligible non-citizen, you must provide proof of citizenship)*

State of Residence: \_\_\_\_\_ Since: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## PARENT SIGNATURE AND AUTHORIZATION TO PROCESS

I understand and agree to the terms that the Parent PLUS loan will be applied to the student's account to pay for tuition, fees and other educationally related expenses. I understand if there is a refund after the loan has been applied it will be issued directly to the dependent student listed on this form. **COPY OF DRIVER'S LICENSE MUST BE ATTACHED**

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