





UNIVERSITY OF SOUTH ALABAMA

2024-2025 Federal Direct PLUS Loan Denial Form

Student Name: \_\_\_\_\_

JAG#: \_\_\_\_\_

Option 4: Resolution of Parent Default Status (Only parents should select this option)

Full Name of Parent PLUS Loan Applicant: \_\_\_\_\_

The National Student Loan Data System (NSLDS) has identified you (the parent) as in default on federal student loans and/or Parent PLUS Loan(s) in your name. In order to continue processing your student's financial aid offers, more information is needed.

Instructions:

- 1. Select the statement below that best reflects your situation.
2. Provide copies of the appropriate documentation.
3. Submit this form and supporting documentation by mail, fax or through your student's JagMail email address.

Note: NSLDS will be reviewed to verify your default status under any of the reasons below. If you are no longer in default, we will move forward with processing your Parent PLUS Loan application. If clarification of your situation is necessary, additional information or documentation may be required.

I have not defaulted on a previous federal student/Parent PLUS Loan(s) before and the Parent PLUS Loan application was marked 'Yes' in error.

Required Documentation: Copy of driver's license

I am currently in default on my federal student/Parent PLUS Loan(s) and will not be able to resolve it within the 2024-2025 academic year.

Required Documentation: Copy of driver's license

I was in default and now am no longer in default.

Required Documentation: Copy of driver's license and current Title IV Eligibility Letter

Parent Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

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

Date: \_\_\_\_\_

Please allow five business days for your request to be processed by our office. Please be aware that during peak times the expected processing time may exceed five business days. INCOMPLETE FORMS WILL NOT BE PROCESSED.

\*\*\*Typed signatures will not be accepted\*\*\*