

PLUS PRE-APPROVAL AUTHORIZATION

If you are interested in the pre-approval process, please complete the following sections and **fax this form directly to the number below.**

PARENT: (The natural or adoptive parent)

NAME: _____ SSN#: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CITIZENSHIP STATUS: U.S. Citizen Eligible Non-citizen Alien Reg. # _____

STUDENT:

NAME: _____ SSN#: _____

CITIZENSHIP STATUS:
 U.S. Citizen Eligible Non-citizen Alien Reg. # _____ DATE OF BIRTH: _____

If parent is denied, the student wishes to pursue an additional loan : YES NO

SCHOOL: _____ CENTENARY COLLEGE OF LA _____ ATTN: _____ LYNETTE VISKOZKI _____
FAX #: _____ 318/841-7266 _____ OE#: _____ 002003 _____

I authorize the school to request a credit pre-approval for the purpose of making a preliminary determination of whether I meet federal credit eligibility requirements for a PLUS loan. I also authorize the release of my credit evaluation results to the Centenary Financial Aid Office. Please consider a faxed copy of my signature proper authorization.

Parent's Signature

Date