



LINDENWOOD
UNIVERSITY

PARENT PLUS LOAN REQUEST FORM

PARENT NAME (PRINT) _____

PARENT SOCIAL SECURITY
NUMBER _____

REQUESTED LOAN PERIOD _____ TO _____

REQUESTED LOAN AMOUNT _____

STUDENT NAME (PRINT) _____

STUDENT SOCIAL SECURITY
NUMBER _____

I AUTHORIZE LINDENWOOD UNIVERSITY TO PROCESS A PARENT PLUS LOAN
FOR THE ABOVE NAMED STUDENT.

PARENT SIGNATURE _____

DATE _____