



Office of Financial Aid

1637 Bedford Avenue, S-108  
Brooklyn, NY 11225  
T: (718) 270-6141  
F: (718) 270-6194

**WILLIAM D. FORD DIRECT LOAN ADDENDUM  
FEDERAL DIRECT PLUS**

**STUDENT DATA:** \_\_\_\_\_ **Empl ID #** \_\_\_\_\_  
Last First MI

**PARENT/GUARDIAN DATA:**  
Relationship to student: Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_

**Name:** \_\_\_\_\_ **S.S#** \_\_\_/\_\_\_/\_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street Apt# City State Zip Code

**Tel:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License #/ State** \_\_\_\_\_

**Citizenship:** U.S. \_\_\_ **Eligible Non-Citizen** \_\_\_ **Alien Registration #** \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Tel:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **Years of Service:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Consent to Obtain Credit Report**

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from 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.

**I UNDERSTAND THAT THIS IS A FEDERAL LOAN THAT MUST BE REPAYED**

\_\_\_\_\_  
Signature Date