

## PARENT PLUS LOAN OVERRIDE APPEAL REQUEST FORM

Stude	ent Information:					
Last a	nd First Name		Last 4 Digits of SSN			
Postal	Address					
Phone NumberEmail						
Pleas	e fully read before com	pleting.				
Direct	Unsubsidized Loan funds.	your Parent PLUS Loan Override Your request will be evaluate by been evaluated, you will be notified	the Financial Aid Institutional			
The determination is final and cannot be appealed to the U.S. Department of Education.						
Requ	ired Documents:					
I.	Direct Parent PLUS Loa completed and signed.	n Override Appeal Request For	– Properly			
II.	<b>Parent Certification</b> – This certification must provide additional details, which were not mentioned in the original certification that can help justify your exceptional circumstances.					
		must include additional evidence ication to help justify your exception	•			
III.	<b>Additional Certification</b> – This certification must provide additional details, provided by another person (professional o acquaintance) which were not mentioned in the original certification that can help justify your exceptional circumstances.					
IV.	Complete the information of the Parent to whom the exceptional circumstance applies to:					
Last and First Name			Last 4 Digits of SSN			
Posta	l Address					
Phone Number		Cellphone Numbe	er			
Relationship with student:			Father and Mother 2			

## PARENT CERTIFICATION (Parent to whom the exceptional circumstances applies)

Last and First Name	Last 4 Digits of SSN
Postal Address	
	Cellphone Number
Email	
	ided in this application form is true a correct. I understan to receive Federal Financial Aid is considered a federane, imprisonment or both.
Signature	Date
	Date

## **ADDITIONAL CERTIFICATION**

Last and First Na	me	Relationship or Title:				
-						
I cer	tify that all of the information	reported is compl	ete and correct.			
Signature		Date				
-		Date	Month/Day/Year			

**Official Stamp** 



Copy of this document must be kept in the student's file.