

**ALPENA COMMUNITY COLLEGE
PLUS LOAN
AMOUNT REQUEST FORM**

Parent Borrower Information

Last Name _____ First Name _____ M.I. _____ SS# _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Date of Birth: _____

Student Name _____ Student SS# _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

Loan Amount Requested \$ For which semesters? Fall 2011
 Spring 2012

To Parents: Please indicate below where you would like the refunded portion of the **PLUS** loan (if any) to be directed.

CHOOSE ONE

Please refund the PLUS loan amount to the student.

Please refund the PLUS loan amount to the student's parents.

Parent address (if different than above)

Borrower's Signature (parent) _____ Today's Date _____

**RETURN TO ALPENA COMMUNITY COLLEGE, 665 JOHNSON STREET, ALPENA, MI 49707. FAX# 989-358-7541.
Any questions, contact Mark Beins at 989-358-7205.**