

***Authorization to Obtain a Credit Report  
For Federal Direct Plus Loans***

SCHOOL NAME: Kirkwood Community College

School code: 004076

School Financial Aid Office Fax Number: (319) 398-4928

Phone Number: (319) 398-7600

Please Print

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**Parent Borrower Information:**

\_\_\_\_\_  
Last First M.I.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ Citizen/National \_\_\_\_\_ Eligible Non-Citizen

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**Student Information:**

\_\_\_\_\_  
Name: Last First M.I.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Loan Period: From: 08/20/2019 To: 05/10/2020  
(MM/DD/YY) (MM/DD/YY)

I authorize Kirkwood Community College and the Department of Education, to obtain a credit bureau report for the purpose of making a preliminary credit determination of my eligibility for a Federal Direct PLUS loan. I understand that if conditionally approved, I must submit a signed, completed Application and Promissory Note and other forms as directed by the school.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed