

**Southeastern Esthetics Institute**  
**Parent Loan for Undergraduate Students (PLUS)**  
**Credit Record & History Review Authorization Form**



To Whom It May Concern:

I authorize the Secretary of the U.S. Department of Education to investigate my credit record and history for purposes of obtaining a Parent Loan for Undergraduate Students (PLUS).

I understand that the information in my file may be disclosed to third parties as authorized under routine use in the Privacy Act Notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol.59 p.17351) and "National Student Loan Data Systems" (originally published on December 20, 1994, Federal Register, Vol.59 p.65532). Thus, this information may be disclosed to parties that the U.S. Department of Education authorizes to assist them in administering the federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, debt collection and enforcement of conditions of the loan. These disclosures may be made through computer matching programs with other federal agencies.

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Borrower Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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