**Parent PLUS Loan-Address Change Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name CSU ID (9-digit)

**This is NOT a Direct PLUS Application. To apply for a Direct Plus loan, please visit studentloans.gov**

This form is used to change the mailing address for any Parent PLUS refund check. This form must be completed by the parent who applied for the Parent PLUS loan. If the refund check has already been mailed, please allow an additional 3-5 business days for stop payment/re-issue processes.

I am requesting to change the mailing address for my Parent PLUS loan refund check:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Parent Borrower Last Name Parent Borrower First Name Middle Initial

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Parent Borrower New Address City State Zip

Parent Borrower’s Social Security Number:(last 4 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Borrower’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Borrower’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Certification Statement: By signing this form, I certify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Borrower’s Signature Date