

# FEDERAL DIRECT PARENT LOAN DATA SHEET

By completing this application you are giving Suffolk County Community College and the Department of Education permission to check your credit.

(Please Print)

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**– Parent Section –**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-Mail Address: (optional) \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Loan Amount Requested: \_\_\_\_\_

Employer: \_\_\_\_\_ **Citizenship Status:**  
Address: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Eligible Non-Citizen: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alien ID Number: \_\_\_\_\_

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**– Student Section –**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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**– Please return to the Financial Aid Office on your home campus. –**