

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)

– Parent Section –

Name: _____ Social Security Number: _____
Address: _____ City, State, Zip: _____
Date of Birth: _____ E-Mail Address: (optional) _____
Telephone #: _____ Drivers License #: _____

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

– Student Section –

Name: _____ Social Security Number: _____
Date of Birth: _____

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