## **Request to Increase Parent PLUS Ioan**

			Date
I,	(Parent Bor		e to increase the Parent PLUS loan
from \$	to \$	for	dent Borrower's Name)
		(Stu	dent Borrower's Name)
	lent ID #)	. In signing this letter, I	understand that there are fees that are
University by	y Direct Loan	is as outlined in the Notic	f Education prior to the disbursement to the ce of Guarantee and Disclosure Statement. I am arships to increase my Parent PLUS loan.
			(Signature of Borrower)
			(Borrower's Phone Number)
			(Borrower's email address)

If you agree to the terms and conditions of this letter, please mail letter to:

Hampton University
Office of Financial Aid and Scholarships
200 William R. Harvey Way
2<sup>nd</sup> Floor Whipple Barn
Hampton, VA 23668

Or email the form to financialaid@hamptonu.edu