

# Request to Reinstate Parent PLUS loan

Date \_\_\_\_\_

I, \_\_\_\_\_, would like to reinstate the Parent PLUS loan in  
(Parent Borrower)

of \$ \_\_\_\_\_ for \_\_\_\_\_ .  
(Student Borrower's Name) (Student ID #)

In signing this letter, I understand that there are fees that are deducted from the loan by the U.S. Department of Education prior to the disbursement to the University as outlined in the Notice of Guarantee and Disclosure Statement. I am authorizing the Office of Financial Aid and Scholarships to reinstate 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](mailto:financialaid@hamptonu.edu)