



Office of Financial Aid  
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## 2019-2020 Graduate PLUS Credit Authorization

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
WU ID or Date of Birth

By signing below I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct Graduate PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date