**WARNING**: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

**SECTION 1: GENERAL INSTRUCTIONS AND INFORMATION**

Use this form if you want to add one or more eligible federal education loans to your Direct Consolidation Loan, if the loan has already been made, or to the Direct Consolidation Loan Application and Promissory Note (Application/Promissory Note) that you previously submitted.

**Note:** If your Direct Consolidation Loan has already been made, you mustreturn this completed form to your servicer at the address listed on this page **within 180 days after the date your Direct Consolidation Loan was made**. If you want to consolidate additional eligible loans after this period, you must apply for a new Direct Consolidation Loan.

Type or print using blue or black ink. Do not use pencil. If you cross out anything and write in new information, put your initials beside the change. Incorrect or incomplete information may delay processing. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: June 1, 2024 = 06-01-2024.

Follow the instructions within each section of the form. When you have completed the form, make a copy for your records and mail the original to us in the envelope provided, at the address shown below.

Throughout this form, the words "we," "us," "our," and "ED" refer to the U.S. Department of Education and our servicers.

As soon as we receive your completed form, we will begin processing your request to add loans. During this time, we might contact you with questions. If you currently are required to make payments on your loans, continue to do so. You will need to continue making payments until you receive written notification that your loans have been successfully added to your Direct Consolidation Loan. If you are having difficulty making payments on your loans, contact your loan holder or servicer at the correspondence address or telephone number on your current loan statements to find out ways you might be able to postpone loan payments; you should ask specifically about your "deferment" and "forbearance" options.

**IMPORTANT:** We will send you a notice before we pay off your loans. This notice will:

* Identify your loans that will be consolidated and show the payoff amounts for those loans that we have verified with your loan holders or through ED’s National Student Loan Data System (NSLDS);
* Identify any loans that will not be consolidated; and
* Tell you the deadline by which you must notify us if you want to cancel your application for the Direct Consolidation Loan, or if you do not want to consolidate one or more of the loans identified in the notice as loans that will be consolidated.

**SECTION 2: WHERE TO SEND YOUR COMPLETED REQUEST TO ADD LOANS**

**Mail the completed form to the following address:**

**[INSERT SERVICER ADDRESS]**

**SECTION 3: HELP WITH COMPLETING THIS FORM**

**For help completing this form, call [INSERT SERVICER #].**

**SECTION 4: Borrower Information**

**1.**Enter your first name, then your middle name and last name, followed by a name suffix if you have one (for example, Jr. or Sr.). If you do not have a middle name or name suffix, enter N/A.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**Enter your nine-digit Social Security Number*.*

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: LOANS I WANT TO CONSOLIDATE**

Items 3 through 6 in this section ask for information about the federal education loans that you want to add to your Direct Consolidation Loan (or to the Application/Promissory Note you have submitted). If you need more space to list your loans, attach an additional sheet of paper to this form. Put your name, Social Security Number, and loan information on the paper. To find the information you will need to provide for each loan listed in this section, you can look at the last monthly billing statement you received, your quarterly interest statement or annual statement, your coupon book, or the Internet site of your loan holder or servicer. You may also obtain information about your loans by [logging](https://usdedeop-my.sharepoint.com/personal/jon_utz_ed_gov/Documents/Migrated/My%20Documents/Forms/DL%20Promissory%20Notes%202024%20Clearance/Unformatted/Latest/logging) into your account at [StudentAid.gov](https://studentaid.gov/).

**Item 3.** Enter the code that corresponds to the loan type from the list of loan types and their codes shown below. If you are not sure about the loan type, leave this item blank. Loan types not included in the list are not eligible for consolidation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Loan Type** | **Code** | **Loan Type** |
| **A** | Subsidized Federal Stafford Loans | **O** | Subsidized Federal Consolidation Loans |
| **B** | Guaranteed Student Loans (GSL) | **P** | Auxiliary Loans to Assist Students (ALAS) |
| **C** | Federal Insured Student Loans (FISL) | **Q** | Health Professions Student Loans (HPSL) |
| **D** | Direct Subsidized Loans | **R** | Health Education Assistance Loans (HEAL) |
| **E** | Direct Subsidized Consolidation Loans | **S** | Federal PLUS Loans for Graduate/Professional Students |
| **F** | Federal Perkins Loans | **T** | Federal PLUS Loans for Parents |
| **G** | Unsubsidized Federal Stafford Loans (including Nonsubsidized Stafford Loans) | **U** | Direct PLUS Loans for Parents |
| **H** | Federal Supplemental Loans for Students (SLS) | **V** | Direct PLUS Consolidation Loans |
| **I** | Direct PLUS Loans for Graduate/Professional Students | **Y** | Nursing Student Loans (NSL) and Nurse Faculty Loans |
| **J** | Unsubsidized Federal Consolidation Loans | **Z** | Loans for Disadvantaged Students (LDS) |
| **K** | Direct Unsubsidized Consolidation Loans | **W** | Education loans ineligible for consolidation |
| **L** | Direct Unsubsidized Loans | **0** | Direct Subsidized Loans (Subsidy Loss Eligible) |
| **M** | National Direct Student Loans (NDSL) | **9** | Direct Subsidized Consolidation Loans (Subsidy Loss Eligible) |
| **N** | National Defense Student Loans (NDSL) |  |  |

**Item 4.** Enter the full name and mailing address of the loan holder or the loan holder’s servicer. (This is the address to which you must send your payments.) You must provide at least the name, city, and state of the loan holder or servicer.

**Item 5.** Enter the account number for each loan (the number should be on your statement or in your payment book). If you cannot find the account number, leave this item blank.

**Item 6.** Enter the estimated amount needed to pay off the loan, including any unpaid interest, late fees, and collection costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** Loan Code | **4.** Loan Holder/Servicer Name, Address, and Area Code/Phone Number | **5.** Loan Account Number | **6.** Estimated Payoff Amount |
|  |  |  |  |
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**SECTION 6: PROMISSORY NOTE ADDENDUM AND SIGNATURE**

Carefully read Items 7 through 9. Sign your full legal name (in blue or black ink) in Item 10 and enter the date you signed this form in Item 11.

**7.** I request that the U.S. Department of Education (ED) pay in full the eligible federal education loans identified above in Section 5 and that the amount of my Direct Consolidation Loan be increased to include the amount paid by ED.

**8.** If my Direct Consolidation Loan has already been made, **I understand that ED must receive this request within 180 days of the date my Direct Consolidation Loan was made.** I further understand that by adding these loans my repayment term may be extended, my interest rate may change, and my monthly payment amount may change. I will receive a revised disclosure statement and repayment schedule from ED.

**9.** My signature below certifies that I have read, understand, and agree to the terms and conditions of this loan, including all terms and conditions specified on the Direct Consolidation Loan Application and Promissory Note (Application/Promissory Note) that I previously submitted, including the Borrower Understandings, Certifications and Authorizations, and the Note Terms and Conditions/Borrower’s Rights and Responsibilities (Terms/BRR).

**I UNDERSTAND THAT THIS IS A LOAN I MUST REPAY.**

**10. Borrower’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Today’s Date (mm-dd-yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 7: IMPORTANT NOTICES**

**Privacy Act STATEMENT**

**Authority:** Title IV of the Higher Education Act of 1965, as amended (HEA) (20 U.S.C. 1070 et seq.), authorizes the Department of Education (Department) to ask the questions set forth in this Direct Consolidation Loan Application and Promissory Note, including collecting your Social Security Number (SSN) (20 U.S.C. 1091(a)(4) and 31 U.S.C. 7701(b)). The collection of your SSN is authorized by Executive Order 9397, as amended by Executive Order 13478 (November 18, 2008). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

**Purpose:** We use the information provided on this form to process a borrower’s Direct Consolidation Loan Application and Promissory Note. The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and your spouse and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

**Routine Uses:** The information provided on this form will only be disclosed outside of the Department with prior written consent or as otherwise allowed by the Privacy Act of 1974, as amended (Privacy Act) (5 U.S.C. 552a). The Privacy Act’s requirement for prior written consent has an exception for disclosure, without consent, for “routine uses” that the Department publishes in our System of Records Notices (SORNs). The Department may disclose, without consent, the information provided on this form pursuant to the routine uses identified in the “”Common Origination and Disbursement System (COD)” (18-11-02) SORN, which is available on the Department’s “Privacy Act System of Record Notice Issuances (SORN)” webpage located at <https://www2.ed.gov/notices/ed-pia.html>.

These routine uses include the following:

* To assist with the determination of program eligibility and benefits, the Department may disclose records to institutions of higher education, financial institutions, third-party servicers, and Federal, State, Tribal, or local agencies;
* To maintain data that supports the existence of a legal obligation to repay funds disbursed under title IV, HEA programs, including documentation such as promissory notes and other agreements, the Department may disclose records to institutions of higher education, third-party servicers, and Federal agencies;
* To assist individuals, institutions of higher education, third-party servicers, or software vendors with questions about title IV, HEA program funds, disclosures may be made to institutions of higher education, software vendors, third-party servicers, and Federal, State, or local agencies;
* To assist an eligible lender in processing an aid recipient's IDR plan, the Department may disclose records, including, but not limited to, the calculated monthly payment amount based on the IDR plan selected and ADOIs, to eligible lenders.

**Effects of Not Providing Information:** Providing information on this Direct Consolidation Loan Application and Promissory Note form, including an aid recipient’s SSN, is voluntary; however, if not enough information is provided on this form to process, the request may be delayed or denied.

**Financial Privacy Act Notice**

Under the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3421), ED will have access to financial records in your student loan file maintained in compliance with the administration of the Direct Loan Program, and also to the financial records of any account at a financial institution used to disburse Direct Loan funds to you.

##### Paperwork Reduction Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless the collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0007. Public reporting burden for this collection of information is estimated to average 10 minutes (0.17 hours) per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 685.201(c)(1).

**If you have comments or concerns regarding your individual submission of this form, contact:**

**[INSERT SERVICER ADDRESS]**