Perkins Loan Assignment System Access Request

The Perkins Loan Assignment System (PLAS) enables users to electronically submit Federal Perkins Loan assignment information to the Department of Education. This Access Request Form allows administrators to request access for users, to modify information about existing users, and to terminate user access to PLAS.

To obtain access to PLAS, your institution must first designate an Institution Administrator. The designated Institution Administrator must complete this form to request, modify, and terminate access for themselves and all other users at your institution. Although your institution can only obtain access for *two* Institution Administrators, it can request access for as many Institution Users as needed to submit, edit, and delete assignments for the Federal Perkins Loan Program (including NDSL and Defense Loans).

In order to obtain administrative rights, the designated Institution Administrator must first request access to PLAS by completing this PLAS Access Request Form. See how to Designate an Institution Administrator in the table on page 3.

The Institution Administrator will use this form to request access for all other users of PLAS, as well as to modify or terminate user access. For a complete list of Administrative Responsibilities, see page 8.

Two Factor Authentication

Similar to the security process used to access Federal Student Aid systems, such as the eCampus-Based (eCB) System, authorized users of the PLAS are required to enter two forms of "authentication" to access the system.

This security process is an established technology referred to as Two Factor Authentication (TFA). TFA will require each authorized user to log in to PLAS with his or her Login ID and Password as well as a Security Code generated by a registered TFA token.

If a user already has a TFA token because he or she also has access to one of Federal Student Aid's systems, the user only needs to complete the PLAS User Access Form steps outlined below.

If a user does not have a TFA token, the user should contact the institution's Primary Destination Point Administrator (DPA) for Federal Student Aid systems to obtain one. Once the token is received, it will need to be registered. In addition, the user will need to complete the PLAS User Access Form steps outlined below.

Note: The institution's Primary DPA for Federal Student Aid systems is not required to be the same person as the institution's designated Institution Administrator for PLAS.

If an institution's Primary DPA has questions related to TFA tokens, contact the TFA Support Center at 800-330-5947, option 2 or by email at TFASupport@ed.gov. Representatives are available 8:00 A.M. through 8:00 P.M. (ET), Monday through Friday.

Completing the PLAS Access Request Form

Listed below are six (6) reasons for completing and submitting the PLAS Access Request Form. Follow the instructions in the table below that correspond to the desired action.

Action	Complete Section I	Complete Section II	Complete Section III
Designate an Institution Administrator **Note** If your institution does not currently have an Institution Administrator, the staff member seeking administrative access must enter their name and signature in all Institution Administrator fields.	1. Select *Institution Administrator* as **Account Type.** 2. Select *New* for **Request Type.** 3. Complete all required fields. 4. Obtain the Institution Administrator's *Signature & Date.*	1. Print the name of the Institution Administrator. 2. Obtain the Institution Administrator's signature and date. 3. Enter the institution Program Participation Agreement (PPA) official's name and title. 4. Obtain the signature and date of your institution's PPA official.	1. Provide the Institution Administrator with the completed form. 2. Obtain the Institution Administrator's signature and date, indicating that they have accepted the responsibilities associated with adding a user.
Modify Institution Administrator Information	1. Select *Institution Administrator* for **Account Type.** 2. Select *Modify* for **Request Type.** 3. Enter one or more of the following in the **If Modified, what changed?** text box: - Name - Title - Phone number - Email address - Token serial number 4. Complete all required fields.	1. Print the name of the Institution Administrator. 2. Obtain the Institution Administrator's signature and date. 3. Print the institution PPA official's name and title. 4. Obtain the signature & date of your institution's PPA official.	1. Provide the Institution Administrator with the completed form. 2. Obtain the Institution Administrator's signature and date, indicating that they have accepted the responsibilities associated with modifying information about an Institution Administrator.
Terminate Institution Administrator Access	1. Select *Institution Administrator* for **Account Type.** 2. Select *Terminate Access* for **Request Type.** 3. Complete all remaining fields, excluding **User's Signature / Date** field.	1. Print the institution PPA official's name and title. 2. Obtain the signature & date of your institution's PPA official	**Does not apply.**

Action	Complete Section I	Complete Section II	Complete Section III
Request Access for an Institution User	1. Select *Institution User* for **Account Type.** 2. Select *New* for **Request Type.** 3. Complete all required fields.	1. Print the name of the Institution Administrator. 2. Obtain the Institution Administrator's signature and D*ate*.	**Does not apply.**
Terminate Access for an Institution User	1. Select *Institution User* for **Account Type.** 2. Select *Terminate Access* for **Request Type.** 3. Complete all remaining fields, excluding **User's Signature / Date** field.	1. Print the name of the Institution Administrator. 2. Obtain the Institution Administrator's signature and date.	**Does not apply.**

Modify Information about an Institution User	1. Select *Institution User* for **Account Type.**
	
	2. Select *Modify* for **Request Type.**
	
	3. Enter one or more of the following in the **If Modified, what changed?** text box:
	  - Name
	  - Title
	  - Phone number
	  - Email address
	  - Token serial number
	
	4. Complete all required fields.
		1. Print the name of the Institution Administrator.
		
		2. Obtain the Institution Administrator's signature and date.
			Does not apply.

Submitting the PLAS Access Request Form

1. Complete all required fields on the form.

   See [Completing the PLAS Access Form](#) beginning on page 3.

2. Send the completed Access Request Form via email or U.S. mail to ECSI Federal Perkins Loan Servicer.

   Send via email to:

   PLASAccess@efpls.ed.gov

   Mail printed forms to:

   ECSI Federal Perkins Loan Servicer
   Attn: PLAS Access Requests
   1200 Cherrington Parkway, Suite 200
   Coraopolis, PA 15108

3. Retain a copy of the completed and signed forms for your records.

After ECSI Federal Perkins Loan Servicer receives and processes the PLAS Access Request Form, the user will receive an email from ECSI PLAS Support with his or her PLAS Login ID and instructions for obtaining a temporary password.

Important

User status will be changed to *Inactive* if:

- User fails to log into PLAS to change their temporary password within the first 30 days.

- User fails to access PLAS for a period of 180 days after establishing a password.

Institution Administrators can request that ECSI PLAS Support reactivate a user's access. To contact ECSI PLAS Support, call 844-301-2620 Monday – Friday 8:00 A.M. – 5:00 P.M. (ET).

Perkins Loan Assignment System (PLAS) Access Request Form

Account Type*

☐ Institution Administrator   ☐ Institution User

Request Type*   If modified, what changed?

☐ New   ☐ Terminate   ☐ Modify

Institution Name*   Institution OPEID Number*

Name (First, MI, Last)*   Title*

Email Address*

Phone Number*   Hard Token Serial or Soft Token Credential ID*

Please provide the serial number of the government issued token used for accessing government systems. This is NOT a token issued by ECSI.

User's Signature / Date*

Version: v1.3
Review Date: 7/22/2022

Section II: Approvals

* Indicates Required Field

Institution Administrator Name (Print)*

Institution Administrator Signature*   Date*

Institution's PPA Official's Name and Title (Print)*

Note: Only access requests for Institution Administrators require authorization by one of your institution's Program Participation Agreement (PPA) officials. PPA officials can be an institution's designated Financial Aid Administrator, Business Office Official/CFO, or President/CEO. Institutions can request up to two Institution Administrators.

Institution's PPA Official's Signature*   Date*

THIS SECTION FOR ECSI Federal Perkins Loan Servicer USE ONLY

Appropriate ECSI personnel must print their name and date, and then sign below.

ECSI Representative (Print)*

ECSI Representative Signature*   Date*

Section III: PLAS Institution Administrator Responsibilities

* Indicates Required Field

As the designated PLAS Institution Administrator for the institution, I understand and agree to abide by the terms, conditions, and responsibilities of the position.

Responsibilities of a PLAS Institution Administrator

1. Complete a User Access Request Form to add a new user, to modify information about an existing user, or to terminate a user's access to PLAS.

   See instructions for completing this form on page 3.

2. Submit User Access Request Forms to ECSI Federal Perkins Loan Servicer.

   See instructions for submitting this form on page 5.

3. Notify ECSI Perkins Loan Servicer when a user's access is modified or terminated.
   - Modified account requests include changes made to a user's contact information or Two-Factor Authentication (TFA) device.
   - If you are terminating access for a user, the form must be completed and returned to ECSI within 24 hours of effective date.
4. Administer TFA devices in accordance with the U.S. Department of Education's requirements.

5. Retain copies of all institution Perkins Loan Assignment System Access Request forms.

I acknowledge receipt of the responsibilities explained above. I accept responsibility as the PLAS Institution Administrator and agree to manage user access for my institution accordingly. I will comply with all access administration responsibilities. I understand that failure to abide by the above rules and responsibilities may lead to permanent loss of access to the PLAS.

PLAS Institution Administrator Signature / Date*