



**PARENT INFORMATION REFUSAL FORM (Dependent Student)**

Academic Year 2017-2018

_____	_____	_____	_____
Last Name	First Name	M.I.	Student's ID Number
_____			_____
Street Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Email Address
_____			_____
Home Phone Number (include area code)			Alternate or Cell Phone Number

A dependent student whose parent(s) has ended financial support and refuses to complete the parent portion of the FAFSA may be eligible to receive unsubsidized Stafford Loans to assist in funding their education. The Financial Aid Office will make this determination based on the documentation submitted and this request will be approved only in certain circumstances.

**I attest that all of the following statements are true:**

- **Parent(s) have stopped providing financial support (this includes cash and non-cash support such as room & board) to the student as of \_\_\_\_\_ (date of last parental support); AND**
- **Student does not currently live with a parent; AND**
- **Parent(s) will not provide financial support in the future; AND**
- **Parent(s) refuse to complete the parental section of the FAFSA.**

**I hereby certify that all the information on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the file to a fine or imprisonment or both, under the provisions of the United States Criminal Code.**

_____	_____
Student's Signature	Date
_____	
Parent's Printed Name	
_____	_____
Parent's Signature	Date
_____	_____
Signature of Third Party (Only required if parent refuses to sign this form)	Date