



*Your child reports that you refuse to provide your information on their Free Application for Federal Student Aid (FAFSA), you do not provide any support on their behalf, nor will you do so in the future. Please know that this will cause them to be eligible for an **Unsubsidized Federal Direct Loan only**.*

Please print in black ink **only**.

Student Name: _____ Student ID: _____
Last Name / First Name

To be completed by **PARENT**

Parent Name (please print): _____
Last Name First Name

Parent Address: _____
Street Address Apt # City State Zip

Check all that apply:

- I am the biological or legal adoptive parent of the above listed child.
- I refuse to provide my information on my child's FAFSA Application.
- My child does not and will not live with me.
- I do not and will not provide any financial support for my child, including insurance coverage (e.g., auto, medical), in-kind support, payment of bills, etc.
- None of the above

I attest that I have ended financial support and this support ended on _____. I will not provide financial support in the future and I will not complete the parent section of the FAFSA.
Month/Year

Parent Signature

Date