OFFICE OF FINANCIAL AID



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2024-2025 Parent Refusal to Complete the FAFSA for Dependent Student

Student Name	Student ID
Dear Parent(s):	
2025 Free Application for Federal Student Ai	have decided not to complete the Parental Information section of the 2024-d (FAFSA). Your decision will prevent your son/daughter's eligibility for ns, scholarships, and the Federal work-study program.
In situations such as this, the Financial Aid Of Federal Unsubsidized Direct Loan funding. In the student or that you refuse to complete the	ffice can make a determination to consider awarding the student <i>only</i> order to do this, we must verify that you have ended financial support of he Parent Information section of the FAFSA.
providing other cash and non-cash support to	t includes payment by the parent of educational costs and also includes o the student such as: room and/or board, medical and dental insurance, it card payments, cell phone, car payments), food, shelter, clothing and
financial information is <i>only used</i> to determine student loans, are borrowed and repaid by y obligate you to take a loan out on your son, for the student to apply for federal student learning.	following: In addition to the student's financial information, parent ne student eligibility for student aid. Student aid, which can include federal our son/daughter. Providing your information on the FAFSA does not 'daughter's behalf or pay their bill. A co-signer/co-borrower is not required oans. In addition, the confidentiality of financial aid records is protected by (FERPA). We will not disclose information submitted by a parent to the
at www.studentaid.gov and add your financi	s situation is not applicable, you can log into the student's 2024-2025 FAFSA al information; otherwise, please fill in the spaces below so that the student Federal Unsubsidized Direct Loan funding.
If you have any questions about this letter, p	lease contact the Financial Aid Office.
1. Parent Refusal to Complete the FAFSA for	r Dependent Student: (fill in all lines below)
I/We, Father/Step-Father (Print)	Mother/Step-Mother (Print)
the parent(s) of the student listed ab	pove, declare that I/we have ceased providing financial support or refuse to
complete the FAFSA.	
complete the FALSA.	
Parent/Step-parent's Signature	Parent/Step-Parent's Signature
Parent(s) Address:	
Street	City, State, Zip Code
Parent(s) Telephone Number(s):	

2. Return this form in person, by mail, fax, or email to the Office of Financial Aid.

OFFICE USE: DECNS