PARENT FAFSA REFUSAL

FINANCIAL
AID OFFICE

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PARENT STATEMENT

Federal regulations state that dependent students must provide parental information on their FAFSA. However, the federal regulations also give schools the authority to allow a student to borrow a Direct Unsubsidized Loan when the student's parent(s) have ended all financial support and they refuse to complete and sign a Free Application for Federal Student Aid (FAFSA).

Student Name: _____ **Workday ID:** _____
(Last Name) (First Name)

IMPORTANT NOTICE TO STUDENT

This form does not allow you to apply for financial aid as an Independent student. The completion of this form will only allow you to request and borrow a **Direct Unsubsidized Loan** up to the annual and aggregate loan limit of a Dependent student. You must be enrolled at least half-time and be meeting UACCM's Satisfactory Academic Progress (SAP) standards. No other federal or state need-based aid will be available to you.

PARENT SECTION (PLEASE READ AND CERTIFY)

I do hereby attest that the following statements are true:

- I have stopped providing financial support to the student named above (including, but not limited to room and board costs, medical/auto insurance, transportation costs, the purchase of a vehicle, etc.) [and]
- The student does not reside with me/us [and]
- I will not provide financial support to the student in the future [and]
- I understand that providing parental information on the FAFSA in no way obligates me to provide any support to my child in their pursuit of higher education, yet I/we **refuse to complete the parent section of the 2026-2027 Free Application for Federal Student Aid (FAFSA).**

I/ We, have ceased providing any financial support effective _____**.**
(date support ended)

If parents are married or custodial parent has remarried, spouse's name and signature are required.

Father/ Mother/ Stepparent Name: _____
(Last Name) (First Name)

Father/ Mother/ Stepparent Name: _____
(Last Name) (First Name)

Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Signature: _____ **Date:** _____
(Father/Mother/Stepparent)

Signature: _____ **Date:** _____
(Father/Mother/Stepparent)

STUDENT CERTIFICATION (PLEASE READ AND CERTIFY)

You certify that all information reported on this form is complete and correct to the best of your knowledge and you authorize the Office of Financial Aid to make any corrections necessary to resolve any discrepancies. **If you meet the conditions above, and you made a good-faith attempt, but your parent refuses to sign this form, you must contact the Financial Aid Office.** You understand that the Financial Aid Office will require additional information.

Signature: _____ **Date:** _____
(Student)

A physical signature is required for all signatures; typed signatures are not acceptable.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.