

Parental Declaration of Non-Support 2025-2026

Name: _____ Student ID#: _____

Dear Parent:

Your son/daughter has informed us that you have decided not to complete the Parental Information section of the 2025-2026 Free Application for Federal Student Aid (FAFSA). Parent and student financial information is only used to determine the student's eligibility for financial aid. Your decision will affect your son/daughter's eligibility for grant, loan, and federal work-study programs.

Before signing this form please consider the following: Student aid, which includes federal Direct Student Loans, are borrowed and repaid by your son/daughter. Providing your information on the FAFSA does not obligate you to take a loan out on your son/daughter's behalf or pay their bill. A co-signer/co-borrower is not required. In addition, the confidentiality of financial aid records is protected by the Family Education Rights and Privacy Act (FERPA). We will not disclose any information submitted by a parent.

In order for the Financial Aid Office to make the determination to award a dependent student an Unsubsidized Direct Loan without parental information on the FAFSA, we must verify that the parent(s) has ended financial support of the student or refuses to complete the Parent Information section of the FAFSA.

What is financial support? Financial support includes payment by the parent for educational costs, but also providing other cash and non-cash support to the student such as room and/or board, medical and dental insurance, paying bills on the students behalf (i.e. credit card payments, cell phone, car payments), providing cash, food, shelter, clothing and transportation.

Father/Step-Father (Print)_____
Mother/Step-Mother (Print)

The parent(s) of the student listed above declare that any financial support ceased as of _____.
(date)

Check One:

In addition, I/We declare the following:

☐ Refuse to complete the parental section of a FAFSA**OR**☐ Will not provide financial support in the future

Will not provide medical and dental insurance coverage in the future

Will not/do not receive Welfare or Social Security benefits on behalf of the student

Will not apply for a PLUS loan on the student's behalf

Father/Step-Father (Signature)_____
(Date)_____
Mother/Step-Mother (Signature)_____
(Date)

Address: _____

Telephone: _____