

2018-2019 FAFSA Submitted Without Parental Information

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
CECTION D. DADEN'T VEDICICATION A	ND CEDTIFICATION OF L	OSS AR STIDDART
SECTION B: PARENT VERIFICATION AND CERTIFICATION OF LOSS OF SUPPORT Please INITIAL EACH statement below and provide information as requested:		
Please INITIAL EACH statement below	and provide information as	s requested:
I verify that financial support is NOT being provided by either of the student's parents. Financial support includes not only payment by the parent of educational costs, but also providing other cash and non-cash support to the student such as room and/or board, insurance (medical and/or auto), claiming student on taxes and/or paying other expenses on the student's behalf.		
I verify that financial support from the student's parents ended on		
		(MM/CCYY)
I verify that financial support from the parents to the student will not occur during this academic year.		
I verify that the student's parents refuse to complete the Free Application for Federal Student Aid(FAFSA).		
I understand that the student will ONLY be eligible to receive an unsubsidized Stafford loan. The student will NOT be eligible for any other Federal, State and/or Institutional financial aid [i.e. grants (including Federal Pell Grant), work-study or need based student loans] without parental information on the FAFSA.		
By signing below, you certify that the above statements are true and you understand the financial aid limitations involved in not providing parental information on the FAFSA.		
Parent Signature	Printed Name of Pa	arent Date
<u>X</u>		
SECTION C: STUDENT CERTIFICATION	N	
grants (including Federal Pell Grant), work	be eligible for any other Federactudy or need based student	eral, State and/or Institutional financial aid [i.e.
Student Signature	Date	
<u>X</u>		