



# PARENTAL REFUSAL TO PROVIDE INFORMATION OR SUPPORT

Your child reports that you refuse to provide your information on the Free Application for Federal Student Aid (FAFSA), do not provide any support on your child's behalf, nor will you do so in the future. Please know that this will cause your child to forfeit opportunities for free grant aid or need-based scholarships as well as subsidized Federal Direct Loans, leaving only the possibility of merit-based scholarships and the more expensive unsubsidized Federal Direct Loan option. If this is what you want, complete this form so we can determine whether your child will qualify for an Unsubsidized Federal Direct Loan without using your information.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (if prior to 1/1/96 do not continue this form is unnecessary. Please fill out the FAFSA as an independent student).

Phone/Message Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

### To be Completed by Parent (whose information would otherwise be included on FAFSA)

1. Initial all that apply:

- \_\_\_\_\_ I am the legal parent (biological or adoptive) of the above individual.
- \_\_\_\_\_ I refuse to complete the parent sections of the above individual's FAFSA, even though doing so would enable him/her to apply for financial aid and would in no way obligate me/my household financially.
- \_\_\_\_\_ My child does not live with me or in my household.
- \_\_\_\_\_ I did not and will not claim my child as a dependent for the most recent/upcoming tax year.
- \_\_\_\_\_ I do not and will not provide any financial support for my child, including cash, gift cards, insurance coverage (e.g. medical or auto), in kind support, or payment of bills, etc.
- \_\_\_\_\_ None of the above.

2. Date you last provided any financial support for your child: \_\_\_\_\_ month & year

Parent Name: \_\_\_\_\_ please print

Parent Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Must be signed in front of a notary)**

### To be Completed by Notary Public (Verification Upon Oath or Affirmation)

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_

Notary Public

### Financial Aid Office Use Only

Decision: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Reason: \_\_\_\_\_

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