

# 2017-2018 DOCUMENT OF NON-PARENTAL SUPPORT EXCLUSION OF PARENT INFORMATION ON FAFSA

Based on the results of your Free Application for Federal Student Aid (FAFSA), you did not report information about your parent(s). You indicated that your parent(s) are not financially supporting you, nor will be supporting you financially in the future.

NAME \_\_\_\_\_  
Last First MI Student ID Number

ADDRESS \_\_\_\_\_  
Street Address Apt. # City State Zip Code

DATE OF BIRTH \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ ALTERNATE/CELL-PHONE NUMBER \_\_\_\_\_  
(Including area code) (Including area code)

**If ALL of the following apply, please complete this form:**

- You have contact (regardless of how much) with your parent(s) but do not live with them.
- You do not receive ANY support from your parent(s); this includes insurance coverage, auto payments or support of any kind.
- Your parent(s) have refused to complete the parent portion of the 2017-2018 FAFSA.

**PARENT CERTIFICATION**

Your parent(s) are required to complete the Parent Certification below:

Parent 1 Name \_\_\_\_\_  
Last First

Parent 2 Name \_\_\_\_\_  
Last First

**All boxes must be checked by parent(s) before this form is processed**

- I certify that my child does not live with me.
- I refuse to complete the parent portion of the 2017-2018 FAFSA.
- I understand that by completing this form I cannot apply for a Federal parent PLUS Loan.
- I certify that I do not provide any support to my child. Date I stopped supplying support (month/year): \_\_\_\_\_

**Notice:** Students completing this form are ONLY eligible for the Federal Direct Unsubsidized Loan at the dependent student loan limit. Students completing this form are not eligible for any need-based aid, including federal, state and university funds.

**Certification Statement and Signature**

By signing below, I/we certify that the information provided is true and accurate. I/we understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I/we agree to provide additional proof of information provided on this form.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_ Date \_\_\_\_\_  
(Seal Required)

