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Student ID number

**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) is/are not financially supporting you, nor will be supporting you financially in the future.

Name \_\_\_\_\_  
Last First Middle

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

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

**PARENT CERTIFICATION and EXPLANATION**

Your parent(s) is/are required to complete and sign 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. I stopped supplying support (month/year): \_\_\_\_\_

Provide explanation below: *Attach additional pages if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 institutional 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 of reduction and/or repayment of federal, state, or institutional financial aid. I/we agree to provide additional proof of information provided on this form.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

Commission Expires \_\_\_\_\_ Seal: \_\_\_\_\_