



## Parental Certification of Refusal to Provide Information 2024-2025

**Review and complete both sides of this form.**

Federal regulations give schools the authority to allow a student to borrow an Unsubsidized Federal Direct Loan when the student's parents have ended all financial support or have refused to complete and sign a Free Application for Federal Student Aid (FAFSA). Students who request consideration for the Unsubsidized Loan should read the information on this form and have one parent complete and sign.

Note that this form does not allow a student to apply for financial aid as an independent student financial aid applicant. Students must understand that they are requesting only an Unsubsidized Loan subject to the limits for dependent students. No other federal, state, or university need-based aid will be available. Although the Financial Aid Office may waive the requirement for parent income and asset information on the FAFSA, the student must complete and submit a FAFSA that includes all of the required student information and certifications.

If the student meets the conditions but your parent will not sign this form, please contact your financial aid administrator by calling our office at (262) 472-1130.

**PARENT:**

Complete Sections 1 and 2. Read each statement in Section 3. Enter the date you stopped supporting the student in Section 3. Upon receipt of the completed form, the dependent student may be granted an Unsubsidized Federal Direct Loan at the discretion of the Financial Aid Office.

**CERTIFICATION:**

The parent and student **must** sign the completed form in Section 4. By signing, you certify that you agree with each of the statements in Section 3.

SECTION 1: Student Information		
Last Name	First Name	Student ID#
Address (street, city, state, zip code)		Phone Number
SECTION 2: Parent Information		
Last Name	First Name	Phone Number
Address (street, city, state, zip code)		Email Address



**SECTION 3: Required Information**

**Read statements one through six. Enter the date in statement 3 on which you stopped supporting the student. Incomplete forms will be returned without being processed.**

1. I, the parent of the above student, have (circle "a" or "b")
  - a. stopped providing financial support to the above student. I understand that financial support includes payment of educational costs, cash and non-cash support, health insurance, car insurance, as well as providing room and board for the student.

The date on which I stopped supporting the student is \_\_\_\_\_ (required).

- or -

- b. I, the parent of the above student, will not provide any financial support in the future and will not claim the student as a dependent on my taxes.
2. I understand that the dependent student will only be eligible for an **Unsubsidized** Federal Direct Loan and **will not** be considered for any other forms of federal, state, or institutional financial aid. I understand that the student **will not** be considered independent for financial aid purposes.
3. I, the parent of the above student, refuse to complete the parental section of the FAFSA (Free Application for Federal Student Aid). This means I am ineligible to borrow a Federal Parent Loan (PLUS).
4. I, the parent, understand that if I were to provide my information on the FAFSA, it does not obligate me to pay the student's university bill. The student is responsible for payment to the school for any and all charges.
5. I understand that should it become apparent that the student is receiving support from the parent, the school reserves the right to cancel the Unsubsidized Loan and require that the FAFSA process be completed.

**SECTION 4: Certification**

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

For Office Use Only

This form is being provided due to: \_\_\_\_\_

Approved

Denied

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_