

STUDENT SIGNATURE

DATE

PARENT REFUSAL TO PROVIDE INFORMATION FORM

ACADEMIC YEAR: 20 to 20

You indicated on your 2024-2025 FAFSA that your parent(s) are unwilling to provide their information on the FAFSA or do not and will not support you financially. If that is correct you would only be eligible for an Unsubsidized Loan and no other Federal Grants, Subsidized Federal Loans, or institutional need-based aid.

Due to a change in the FAFSA form, many students incorrectly check the Unsubsidized Only box. If your parent(s) are willing to provide their information on the FAFSA, please have them log into https://studentaid.gov to add their information and consent. Also, update your FAFSA's answer on the Unsubsidized Only question.

	dents except in exceptional of	, , ,	,	cially may not appeal to be considered exceptional, please contact the Financial	Aid
			XXX-XX-	()	
LAST NAME	FIRST NAME	MI	LAST 4 DIGITS OF YOUR SSN	PHONE NUMBER	
	understand that, by comple eral need-based aid will be a	. ,	u are requesting an unsubsidized loar	subject to the limits for DEPENDENT s	tudents
Who is required to	sign this form?				
Parent(s)	whose information would h	ave been used to	complete the FAFSA.		
0	If a student's legal or biolog	gical parents are n	narried or not married and living toge	ether, BOTH parents must initial and sig	n.
0	If a student's parents are di	'	ted, the parent who provided the mo	st financial support during the past 12	months

If your parent(s) will not sign this form, you may submit a letter from a third party (e.g. teacher, counselor, clergy, or court representative) who is familiar with your situation, can describe your relationship with your parent(s), and possible reasons for the refusal.

PARENT(S): Initial either the top or bottom pair of statements below indicating you understand the impact of this request: I understand that the U.S. Department of Education requires dependent students to have parent data on the FAFSA only for the purpose of calculating eligibility for need-based grants and other aid and that by providing my information or signature, I AM NOT obligated to pay for any of my child's college costs. I understand that refusing to provide my information or signature on the FAFSA means my child WILL NOT BE ELIGIBLE for ANY need-based grant/scholarship funding (including Pell Grants and institutional need-based aid) and will only be eligible for a Federal Direct Unsubsidized Loan or other outside aid (aid awarded by organizations other than the institution). OR I certify that I do not and will not provide any financial support to my child, including but not limited to: cash support, noncash support, room & board, use of my vehicle, health or car insurance coverage, groceries, rent, utilities, tuition, books, school supplies, or co-signing any type of loan for the student. I also understand that my child WILL NOT BE ELIGIBLE for ANY need-based grant/scholarship funding (including Pell Grants and institutional need-based aid) and will only be eligible for a Federal Direct Unsubsidized Loan or other outside aid (aid awarded by organizations other than the institution). I stopped financially supporting my child on: ____ I certify that I refuse to provide my income & household information on the Free Application for Federal Student Aid (FAFSA), or that my financial support for my child has ended, and I will not provide any financial support in the future as indicated above. I understand that this request impacts financial aid eligibility at Santa Clara University for the current academic year. PARENT ONE SIGNATURE PARENT TWO SIGNATURE DATE DATE I certify that all of the information reported is complete and correct. I authorize Santa Clara University to make any necessary corrections to my FAFSA based on the information submitted.