

Section A: Student Information

Name: _____ Student ID Number: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____

Section B: To Be Completed by Parent

Parent Name: _____

Parent Address: _____ City: _____ Zip: _____

By my signature below I attest to the following:

- I have stopped providing financial support to the student named above (including payment of educational costs as well as all other cash and noncash support to the student such as room and/or board; and/or medical insurance).
- I will not provide financial support to the student in the future, or
- I refuse to complete the parent section of the Free Application for Federal Student Aid (FAFSA).

Parent Signature:

Date:

Section C: Student Certification Statement

I certify that all of the information on this form and accompanying documents are true and complete to the best of my