Parental Certification of Refusal to Provide Information
2017-2018

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 Stafford Loan, at the discretion of the Office of Student Financial Aid Services.

CERTIFICATION: The parent 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** **M.I.** **Student Identification Number**

Phone Number **Cell Number** **Email Address**

Section 2: PARENT INFORMATION

Last Name **First Name** **M.I.** **Phone Number** **Cell Number**

Address **City** **State** **Zip**

Email Address

Section 3: STATEMENT

Read statements 1 through 4. Enter the date in statement 3 in which you stopped supporting the student. Incomplete forms will be returned without being processed.

1. I understand that the dependent student will only be eligible for an Unsubsidized Stafford 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.

2. I, the parent of _____, refuse to complete the parental section of the FAFSA (Free Application for Federal Student Aid).

3. I, the parent of _____ , have stopped providing financial support to the above student. I understand that financial support includes payment of educational costs, cash and non-cash support, and providing room and board for the student.

   The date on which I stopped supporting the student is _____ **(REQUIRED)**

4. I, the parent of _____ , will not provide any financial support in the future.

Section 4: CERTIFICATION

I certify that the above information is true and complete. I acknowledge and understand each of the statements in Section 3 of this form. By signing below, I further certify that I agree with each of the statements in Section 3.

Parents' Signature Date

Student Financial Services
30 Lovett Avenue Newark Delaware 19716-6390
Phone: 302 831-2126 Fax 302 831-3041
Email: sfs-verif@udel.edu
Web Address: www.udel.edu/sfs