

**Office of Financial Aid**

Name (Last, First): \_\_\_\_\_ SUA ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SECTION A: Parent(s)' Refusal to File a FAFSA**

We, the parents of \_\_\_\_\_, confirm that we have ended all financial support for, and refuse to file the 2026-2027 FAFSA for, the student named above. We understand that our son/daughter may be eligible to receive Unsubsidized Stafford Loans to assist in funding his/her education. No other federal, state, or university need-based aid will be available.

We attest that the following statements are true:

- We have stopped providing all financial support, including cash and non-cash support, such as room & board, to the student as of \_\_\_\_\_ (enter a date),

**AND**

- We will not provide financial support in the future,

**AND**

- We refuse to complete the parental section of the 2026-2027 FAFSA.

We the parents certify that all the information on this form is true, complete, and accurate to the best of our knowledge. We understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or immediate repayment of any student loans issued.

**SECTIONB: Signatures(s)**

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

|                             |                  |             |
|-----------------------------|------------------|-------------|
| <b>Student Name (print)</b> | <b>Signature</b> | <b>Date</b> |
|-----------------------------|------------------|-------------|

|                         |                  |             |
|-------------------------|------------------|-------------|
| <b>Parent 1 (print)</b> | <b>Signature</b> | <b>Date</b> |
|-------------------------|------------------|-------------|

|   |                  |             |
|---|------------------|-------------|
| <b>Parent 2 (if applicable) (print)</b> | <b>Signature</b> | <b>Date</b> |
|---|------------------|-------------|

*(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)*

**Please email, mail, or deliver this form in person to the address below. Please write your ID# on attached or supporting documents.**