2015-2016 Parent Refusal Letter

On your 2015-2016 FAFSA, you told us that you think you have a special circumstance and are unable to provide parental information. At this time, your FAFSA is currently considered incomplete. Please review the following information.

The U.S. Department of Education gives schools the authority to offer financial assistance when there is clear indication that a student’s parents have ended **ALL** financial support and/or **REFUSED** to complete and sign a Free Application for Federal Student Aid (FAFSA). A school may only offer such students an unsubsidized student loan and only after one parent completes and signs this Parent Refusal Letter.

**STUDENT CERTIFICATION:**

Student Name: ________________________________________ TSC ID___________________

Phone: (     ) __________________ Email: ___________________________________________

Student Signature:  ___________________________________________ _____________________________

I certify that the information provided is true and complete to the best of my knowledge. If your parents refuse to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, counselor, cleric, or court.

**PARENT CERTIFICATION:**

I attest to the following:

1. I am the parent of ____________________________________________ ___.
2. I refuse to complete the parent portion of the FAFSA application and
3. I will not and have not provided the above mentioned student with any financial support, including the payment of educational costs, other cash and non-cash support such as room/and/or board as of the following date: ________________________________.
4. In addition, I will not provide financial support to the student in the future.

__________________________  ______________________ _
Parent Signature                Date

__________________________
Printed Name

Phone Number

**Certifications and Signatures**

By signing this form, I certify that all information reported on this worksheet is complete and correct to the best of our knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Your parent must sign this form if you are a dependent student.

Student_______________________ Parent________________________ Date_____/_____/_____