## FAFSA Parental Data Override

2023-2024

First Name:	MI: Last Name:	Student ID:
Local Address:		
University Email:		Mobile #:

This form documents the lack of parental data on the Free Application for Federal Student Aid (FAFSA) in order for a student to qualify for Federal Direct Unsubsidized Loans. Submit a completed form with the required documentation to the Office of Student Financial Aid (OSFA).

## Section 1 – Completed by Parent

I, the parent of \_\_\_\_\_\_, do not provide financial support for my child.

By signing this form, I am certifying that I no longer provide financial support, which includes, but is not limited to, any payment of educational costs, cash, and non-cash support to the student, such as room/board, payment of bills on child's behalf, etc. I also acknowledge that I will be ineligible to apply for a Parent PLUS loan on behalf of my child.

I am certifying that I am no longer providing financial support for my child and will not provide financial support for my child in the future, effective

I refuse to provide parental data for the 2023-2024 FAFSA.

Parent Name: \_\_\_\_\_\_

Parent Signature: \_\_\_\_\_

\_\_\_\_\_ Date:

## Section 2 – Completed by Student

If your parent(s) will not sign this form, you must attach a signed written statement from an adult professional who can verify your family circumstances. The statement should be from an adult who has direct knowledge of the situation, or a professional from whom you have sought assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.

 $\Box$  My parents will not sign this form.

□ Attached verification statement is provided by:

Name: \_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_

## Section 3 - Student Certification

By signing this form, I acknowledge that I will be eligible for a Federal Direct Unsubsidized Loan up to the dependent undergraduate limit only and will be ineligible to receive any other Title IV Financial Aid (Grants, Subsidized Loans, etc.) if this form is approved.

Student Name:

Student Signature:



SCHOLARSHIPS & FINANCIAL AID

\_\_\_\_\_ Date: \_\_\_\_\_

Administration Building Room 208 P.O. Box 21066, Tucson AZ 85721-0066 TEL: 520.621.1858 FAX: 520.621.9473 financialaid.arizona.edu