

FAFSA PARENTAL DATA OVERRIDE FORM

2019-2020

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	

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 2019-2020 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.

My parents will not sign this form.

Attached verification statement 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 only and will be ineligible to receive any other Title IV Financial Aid (Grants, Subsidized Loans, etc.) if this form is approved.

Student Signature: _____ Date: _____



**SCHOLARSHIPS
& FINANCIAL AID**

Administration Building · Room 208
P.O. Box 210066, Tucson, AZ 85721-0066
TEL: 520.621.1858 · FAX: 520.621.9473
financialaid.arizona.edu