2016-2017 Parental Certification of Refusal to Provide Information

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 a Federal Direct Unsubsidized Loan, at the discretion of the Rose State College Financial Aid Office.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID</td>
<td>Telephone Number</td>
<td>Cell Phone Number</td>
</tr>
<tr>
<td>Student Address</td>
<td>City, State</td>
<td>Zip code</td>
</tr>
</tbody>
</table>

SECTION 2: Parent Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Address</td>
<td>City, State</td>
<td>Zip code</td>
</tr>
</tbody>
</table>

SECTION 3: Required Information

Read statements one through four. Enter the date in statement three on 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 a Federal Direct Unsubsidized 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 the above student, refuse to complete the parental section of the FAFSA (Free Application for Federal Student Aid).

3. I, the parent of the above student, 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 the above student, will not provide any financial support in the future.

SECTION 4: Parent 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.

Parent’s Signature (Required) ___________________________ Date: ___________________________

RSC Financial Aid Office Use Only

Reviewed By: ___________________________ Date: ___________________________
Comments: ___________________________

FSCA18 06/08/2016