



## Statement of Parental Refusal to complete the FAFSA or Provide Student Support

Federal Law allows parents to refuse to complete the FAFSA on behalf of their student **and/or** refuses to support the student. This document must be completed by a Parent(s) and submitted to the Financial Assistance Office for consideration. By having this document completed, the student will remain Dependent, but may be able to receive an Unsubsidized Direct Loan (interest accrues immediately) from the Department of Education, Federal Student Aid and/or other aid that may be available.

Student Name (please print): \_\_\_\_\_  
\_\_\_\_\_

Student NSHE ID:

Academic Year: \_\_\_\_\_

Parent 1 Full Name (please print): \_\_\_\_\_

Parent 2 Full Name (please print): \_\_\_\_\_

We/I the parent(s) of the above-named student confirm by signing this document the following (please check the following):

☐ We/I the parent(s) of the above-named student confirm that we/I refuse to provide the income information and all requested sections on the FAFSA that apply to "Parent and or Contributor."

**AND/OR**

☐ We/I the parent(s) of the student confirm we do not and will not provide any financial support to the above-named student – our/my child.

The date financial support ended to our/my child is: \_\_\_\_\_  
Month/Date/Year

This form requires **original wet signatures** to be considered complete. Forms submitted with typed signatures will not be accepted and will require the form to be resubmitted accurately.

Parent 1 Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

Parent 2 Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

***If parent(s) refuse to sign this statement but meet the criteria above, the student MUST provide documentation from a third party (teacher, counselor, cleric, court, etc.). See Attached***

☐ My parent(s) have refused to sign this form. My authority figure has signed below and the required documentation is attached.

Authority Figure Name (please print) \_\_\_\_\_  
\_\_\_\_\_

Date:

Authority Figure Signature: \_\_\_\_\_

Date:

**You can mail or fax this document.**

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