FAFSA PARENTAL DATA OVERRIDE FORM
2014-2015

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<tr>
<th>LAST NAME:</th>
<th>FIRST:</th>
<th>MI:</th>
<th>STUDENT ID #:</th>
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<tr>
<th>PHONE:</th>
<th>E-MAIL:</th>
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<th>MAILING ADDRESS:</th>
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- [ ] ARIZONA ASSURANCE
- [ ] GATES
- [ ] NATIVE AMERICAN
- [ ] NURSING
- [ ] PHARMACY
- [ ] GRAD ELLER

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 A: COMPLETED BY PARENT

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

By signing this form, I am certifying that I have stopped providing 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 2014-2015 FAFSA.

Parent Name ____________________________ Parent Signature ____________________________ Date

SECTION B: COMPLETED BY STUDENT

If your parent(s) will not sign this form, you may 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 ____________________________

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 logo]