**Parent Attestation of Refusal of Financial Support**

**For A Dependent Student**

**Student:** If your biological/adoptive parent(s) are unable to provide income information on the Free Application for Federal Student Aid (FAFSA) due to extenuating circumstances beyond your or your parent’s control, please contact our office for more information. If your biological/adoptive paren(s) refuse to sign and date this statement, you must obtain documentation from a third party (such as a teacher, counselor, cleric, or court).

**Parent:** The Scholarship & Financial Aid Office at the University of Wyoming has received notification from the U.S. Department of Education through the Free Application for Federal Student Aid (FAFSA) your son/daughter completed, that you, the biological or adoptive parent, have refused to complete the parental section of the FAFSA. The FAFSA is used to determine a student’s eligibility to receive Federal, State, and Institutional financial aid to assist the student with their education expenses.

The U.S. Department of Education requires the Scholarship & Financial Aid Office to acquire written verification from the parent(s) attesting to the following conditions. Please initial all of the following statements indicating that you understand the conditions of each statement, sign the bottom, and return this form to the Scholarships & Financial Aid Office. Please contact our office if you have any questions regarding this form.

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| **Student Name:** |  | **W#:** |  |

**(****)** I, the biological/adoptive parent of the above named student do not provide financial support in any form, including but not limited to, funds for housing, meals, transportation, medical costs, clothing, personal hygiene products, insurance, etc.

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| **Effective date of discontinuation of financial support:** |  | (required) |

**(     )** I, the biological/adoptive parent of the above named student do not intend to provide financial support during the current academic year and therefore give up my right to apply for and receive a PLUS (Parent Loan for Undergraduate Students) for the student to assist them with educational expenses for the current academic year.

**(     )** I, the biological/adoptive parent of the above named student refuse to provide my personal and financial information on the student’s FAFSA (Free Application for Federal Student Aid) for the current academic year.

Under penalty of perjury, all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

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| **Parent Name: (printed)** |  | **Date:** |  |
| **Parent Signature:** |  |  |  |