## 2014-2015 FAFSA Parental Data Override Form

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th><strong>SSN or ID:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Date of Birth:</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code:</strong></td>
<td><strong>Phone Number:</strong></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION A: COMPLETED BY PARENT

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

**Student’s name**

By signing this form, I am certifying that I have stopped providing financial support, which includes, but 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 ____________________________.

**Date financial support ceased**

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 another cognizant authority able to explain the situation. 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 ineligible to receive any other Title IV Financial Aid (Grants, Subsidized Loans, etc.) if this form is approved.

__________________________  __________________________
Student Signature  Date

Results of Office Review:  Approved:  _________  Denied:  _______

Comments: