Newark, DE 19716-6740 Phone: 302-831-2126 Fax: 302-831-3041

Email: finaid-verif@udel.edu

Date

2023-2024 Academic Year Parental Certification of Refusal to Provide Information

Parent: Complete the Information sections and read each statement in the Statement section. Enter the student's name and the date you stopped supporting the student. Upon receipt of the completed form, the dependent student may be granted an Unsubsidized Federal Stafford Loan, at the discretion of Student Financial Services.

Certification: The parent MUST sign the completed form in the Certification section. By signing, the parent certifies agreement with each of the statements in the Statement section.

Please submit this document via My SFS Docs: udel.verifymyfafsa.com/account/login.

Parent Signature

Stu	dent Information					
Last Name			First Name		Middle Initial	
UDID Pho			ne	UD Email		@udel.edu
Dar	ent Information					
Last Name			First Name			Middle Initial
Address		Pho	Phone Emai		Email	
Sta	tement					
 I understand that the dependent student will only be eligible for an Unsubsidized Stafford 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. I, the parent of, refuse to complete the parental section of the Free Application for Federal Student Aid (FAFSA). I, the parent of, 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). I, the parent of, will not provide any financial support in the future. 						
Stat	tify that the above information is true and c ement section of this form. By signing below ement section.	•			-	