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Last Name	First Name	MI	Student ID Number or SSN
who are unable to secur and not eligible for inc parentinformation; how	e pareninformationbæau lependent status. By fed	ise a parent r efe deral regulation, for unsubsidized	in order to complete the application process. Students is to complet the FAFSA are still dependent students, these students may still complete the process without direct loarosaly, up to the dependent nnual limits — iors)
Dependenstudentswith directloans.	out parent information or	nthe FAFSAarein	eligiblefor grants, work programundsor subsidized
unsubsidized Staff d rlo (1) that their parents ref financial supporto ther	refuseupportare not eligil cansonly. For a studentto t fuse to provide formation m. Include hedate suppor	peeligible for this for their FAFSA t ended. th epare	ency overridebutthey may beable to eceive sprovision, the student musprovide documentation and (2) that they do not and will not provide any ents refuse to sign and date tatement of this effect, or sufficient), such as the ache, counselor, derically or sufficient.
maximum the student			studentunsubsidized Stafford loanus tothe WKHL Ueged(teut not theamountastudentcan get
parentrefusesto provide consideration for unsub	einformation I understar osidized direct loa os ly. I	nd that submitting will not qualify for	ormation on my FAFSAspplication, becausemy gis for the current academic year will allow or grants, federalwork programs, osubsidized direct nt for dependerstudents by gade level.
The last a te ofparents	upport was:		
StudentSignature:			Date:
Parent Certification: I certify thatI will not pa academic year.	rovideany information or	n the stude Fi AFS	A or provide any supportor the student during the
Thelastdateof support	for thestudentwas:		

Third Party Certification (if parent refuses to complete form):

ParentSignature:

Parent 7elephone Number:

Attach a statement indicating the parent lack of support and date support ended to document parent refusal to provide information for student on the FAFSA application. Examples of acceptable parties: high school counselor, clergyman, other relative.

Date:____

Email:____