

Office of Student Financial Assistance  
Administration Building/Room 120  
(914) 606-6773 Fax: (914) 606-7807

**2024-2025 Parent Refusal to Complete FAFSA Form**

This form must be notarized

You indicated on the FAFSA that you are unable to provide parental information on the FAFSA. If you cannot obtain parental information and want to be considered for a Federal Unsubsidized Stafford Loan you and your parent must complete and sign all sections below and submit this form to the Office of Student Financial Assistance for review.

I \_\_\_\_\_ am the parent of \_\_\_\_\_. I do hereby attest that the following statements are true:

I and my spouse, if married, have ceased providing any financial support to the student as of \_\_\_\_\_.  
(date support ended)

Student does not currently live with a parent.

I (we) will not provide financial support in the future.

I (we) have not claimed student on 2022 taxes.

I (we) do not provide coverage under a family health insurance plan, provided coverage under the family auto insurance plan or provide non-cash support such as free room and board for even short periods of time.

I (we) understand that providing parental information on the FAFSA in on way obligates me to provide any support to my child in their pursuit of higher education yet I am still refusing to complete the FAFSA and provide parental information.

In witness whereof I have unto signed my name: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature and Stamp

Your signature below indicated that you are affirming that your parents have refused to complete the FAFSA, have ceased to provide support including health or auto insurance, support for bills or living expenses, and do not provide free room and board for even short periods of time and will no longer provide any support in the future.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ I.D# \_\_\_\_\_