2013-2014 Parent Information Refusal Appeal Form

Student Information

Student Name: _______________________________ Student ID # 900 ________________
Contact Phone Number: _____________________ IPFW Email Address: ____________@students.ipfw.edu
Parent’s Contact Phone Number: ______________ Parent’s E-mail Address: _____________

Instructions

Please read the statements below and answer the following questions.

Note: You do not need to complete this form if you are filing a Dependency Status Appeal for reasons other than your parent's refusal to provide information on your FAFSA.

Parent Statement

I understand that providing my information on my child's FAFSA does not obligate me to pay their educational expenses, however, I/We do not and will not provide financial support to my child. I/We will not provide financial information for the Free Application for Federal Student Aid (FAFSA).

Date support ended: _________________

Parent Signature: ______________________________________
Parent Name (Please Print): _________________________________ Date: _________________

Student Statement

• I understand that I will not be considered an independent student.
• I understand that I am not a candidate for a dependency override.
• I understand that I am not eligible for any federal or state grants.
• I understand that I am not eligible for any federal subsidized loans.

By signing this form, you certify that all information reported above is complete and accurate. You understand that if you purposely give false or misleading information on this form, you may be fined $20,000, sent to prison, or both.

Student Signature: ______________________________________ Date: _________________