

2026-2027 Parent Refusal and Non-Support Form

This form is for students who answered “Yes” to question 8 on the FAFSA, indicating the parent(s) refused to provide their information and the student does not have an unusual circumstance as indicated on question 7. If you have an unusual circumstance listed in question 7, please submit a completed Unusual Circumstance Form.

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____

FSU ID/EMPLID: _____

If you are a dependent student whose parent(s) will not furnish their information on the 2026-2027 FAFSA and refuses to provide you with financial support, please complete and submit this form for a decision to apply for **an unsubsidized loan only** at the discretion of a financial aid administrator.

If your parent(s) refuse to sign and date this form, you must provide a statement from a third party, such as a teacher, counselor, cleric, or court.

Please note that the Unsubsidized Loan is the ONLY federal aid available to the student under this exception.

Section A or B must be completed, and the student must sign.

A. Parental Statement of Refusal

We (I) the parent(s) of the above-named student confirm by signing this document **ALL** the following:

- We (I) are/am refusing to provide the income information and all requested sections on the 2026-2027 FAFSA that apply to “parent.”
- We (I) will not financially support the student in the future.
- We (I) have stopped providing financial support to the student as of the following date: _____.

Parent Signature (No Electronic Signatures): _____ **Date:** _____

Parent Spouse Signature (No Electronic Signatures): _____ **Date:** _____

OR

B. Third-Party Documentation:

- If your parents refuse to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, counselor, cleric, or court.
- The statement from the third party should include their name, address, job title, and relationship to the student.

Please Read and Certify the Following:

- I certify that the submitted information is true and correct to the best of my knowledge.
- I have read each section and provided the appropriate required documentation.
- I understand that I may be contacted if further information is needed.
- I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Financial Aid.

Student Signature (No Electronic Signatures): _____ **Date:** _____

Florida State University’s Use of Social Security Number policy is available at <https://registrar.fsu.edu/bulletin/university-notice>