



## 2026-27 Parent Refusal and Non-Support Form

If your parent(s) refuses to provide their federal tax information on the 2026-2027 FAFSA and refused to provide you with financial support, please complete and submit this form for consideration to apply for an unsubsidized federal direct student loan at the discretion of a financial aid administrator.

If your parent(s) refuses to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, counselor, clergy, or the court.

**\*\* Please note that the Unsubsidized Federal Direct Student Loan is the ONLY federal aid available to the student under this exception. A student would not be eligible for federal grants, subsidized loans or work- study.**

### A. Student's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student Social Security: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

### B. Parent(s) Statement of Refusal

Your signature below indicates your understanding of each of the following statements:

- We (I) are refusing to provide income information and all requested sections on the 2026-2027 FAFSA that apply to "Parent"; **AND**
- We (I) will not provide any financial support to the student in the future; **AND**
- We (I) stopped providing financial support to the student on this date \_\_\_\_\_.

By signing this document, we (I) are confirming the above statements to be true and understand that if we (I) purposely give false or misleading information, we (I) could be fined, jailed or both.

Parent Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print this form to sign*

Other Parent Name: \_\_\_\_\_

Other Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print this form to sign*



**2026-27 Parent Refusal and Non-Support Form (continued)**

Student Name: \_\_\_\_\_ Student ID or SS#: \_\_\_\_\_

**C. Third Party Documentation** *(Required only if Section B cannot be completed)*

If your parent(s) refused to sign and date this statement you must get documentation from a third party such as a teacher, counselor, clergy, or the court.

I have attached statement(s) from the following person(s):

Name of Third Party	Address	Job Title	Relationship to you

I certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information, I could be fined, jailed or both. I understand I may be asked for additional documentation after this form is reviewed.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print this form to sign*

Once completed, please return this form and any additional documents to the Office of Financial Aid in-person in SC4's Welcome Center Room 251 or via email to [financialaid@sc4.edu](mailto:financialaid@sc4.edu). *You should make a copy of this worksheet for your records.*