

## 2018/2019 No Parent Data Appeal

Your child reports that you refuse to provide your information on his/her Free Application for Federal Student Aid (FAFSA), you do not provide any support on his/her behalf, nor will you do so in the future. Please know that his will cause him/her to forfeit opportunities for free grant aid or need-based scholarships as well as Subsidized Federal Direct Loans, leaving only the possibility of merit-based scholarships and the more expensive Unsubsidized Federal Direct Loan option. If this is what you want, complete this form so we can determine whether your child will qualify for an Unsubsidized Federal Direct Loan without using your information.

Student Name:	Please print in black ink <b>only</b> .							
Section A: (To be completed by PARENT)  Parent Name (please print):    Last Name   First Name	Student Na			Student ID:				
Section A: (To be completed by PARENT)  Parent Name (please print):	Address:					Phone # _		
Parent Name (please print):    Last Name				, .				
Parent Address:   Street Address   Apt # City   State   Zip	Section /	A: (To be comple	ted by <b>PAREN</b>	Τ)				
Parent Address:    Street Address   Apt #   City   State   Zip	Parent Nam	ne (please print):						
Check <u>all</u> that apply:    I am the biological or legal adoptive parent of the above listed child.   I refuse to provide my information on my child's FAFSA Application.   My child does not and will not live with me.   I did not claim my child as a dependent for the most recent tax year.   I do not and will not provide any financial support for my child, including insurance coverage (e.g., auto, medical), in-kind support, payment of bills, etc.   None of the above   I attest that I have ended financial support and this support ended on		Last Name		First Name				
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Parent Signature  Date  Section B: To be completed by Notary Public (Verification Upon Oath or Affirmation)  State of	☐ M ☐ I c ☐ pa ☐ N	Ty child does not and wild not claim my child do not and will not pro ayment of bills, etc. lone of the above	vill not live with me. as a dependent for t vide any financial su I support and this su	he most recent tax year pport for my child, inclu	uding insurance			
Section B: To be completed by Notary Public (Verification Upon Oath or Affirmation)  State of	the luture a	and I will not complete	the parent section c	of the PAPSA.	Montn/Year			
State of, County of  Signed and sworn to (or affirmed) before me on	Parent Signature					Date		
Signed and sworn to (or affirmed) before me on	Section I	B: To be complet	ed by Notary P	ublic (Verification	Upon Oath	or Affirmatio	on)	
	State of					, County of		
Notary Public	Signed and	sworn to (or affirmed	) before me on				<del>-</del>	
Notary Public	-							
	Notary Pub	llic						

Columbia Gorge Community College is an equal opportunity educator and employer.