

# Parent Refusal to Complete FAFSA 2026-2027



Name \_\_\_\_\_ Student ID \_\_\_\_\_

Federal regulations grant schools the authority to permit a student to apply for a Federal Direct Unsubsidized Loan if their parents refuse to complete the Free Application for Federal Student Aid (FAFSA) or have terminated all financial support. By completing this form, you will be limited to the dependent student annual Federal Unsubsidized Direct Loan amount. Please note that submitting this appeal does not guarantee approval of your request or eligibility for financial aid.

<u>Grade Level</u>	<u>Annual Unsubsidized Direct Loan Amount</u>
Freshman	\$5,500
Sophomore	\$6,500
Junior/Senior	\$7,500

## Parent Certification of Non-Support

I am the parent of \_\_\_\_\_ and confirm the following by signing this form:

- ☐ I stopped providing financial support to my student as of \_\_\_\_\_ (month/year).
- ☐ I will not provide any financial support in the future.
- ☐ I will not claim the student on my 2026 tax return.
- ☐ I will not provide coverage for my student under a family health insurance plan, auto insurance plan, cell phone plan or provide non-cash support such as room and/or board, even for short periods of time.
- ☐ I refuse to complete the parent section of the FAFSA.
- ☐ I understand this limits my student's eligibility to only a Federal Direct Unsubsidized Direct Loan.
- ☐ I understand that providing parental information on the FAFSA in no way obligates me to provide financial support to the student in their pursuit of higher education, yet I am still refusing to complete the FAFSA and provide parental information.

I certify that all the statements above are true and complete. I have not knowingly or intentionally provided false statements. I understand that if I am found to have done so, my student's request will be denied and their eligibility for federal and state financial aid will be jeopardized.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

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

*TYPED SIGNATURES ARE NOT ACCEPTED*

## Student Certification

I understand that by submitting this form:

- ▶ I am only eligible to receive a Federal Direct Unsubsidized Direct Loan subject to the limits for dependent students.
- ▶ I am not eligible for federal and state need-based aid (i.e., Pell Grant, Minnesota State Grant, Work-Study, Federal Direct Subsidized Direct Loan, etc.).

I certify that the information above is true and complete. I have not knowingly or intentionally provided any false statements. I understand that if I am found to have done so, my request will be denied and my eligibility for federal and state financial aid will be jeopardized.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*TYPED SIGNATURES ARE NOT ACCEPTED*

### RETURN THIS COMPLETED AND SIGNED FORM TO:

Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563  
218.477.2251 • Fax: 218.477.2058 • E-mail: financialaid@mnstate.edu