

Parent Refusal to Complete FAFSA 2025-2026



Name _____ Student ID _____

Federal regulation grants 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 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 Section

I am the parent of _____ and confirm the following by signing this form.

Select any box that applies below:

- I have ceased all 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 2025 tax return.
 - ▶ I do not provide coverage under a family health insurance plan, auto insurance plan or provide non-cash support such as free housing, even for short periods of time.

OR

- I refuse to complete the parent section of the FAFSA.
- ▶ I understand this limits the 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 any 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 hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided false statements of fraudulent documentation. 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 _____

Electronic signatures are not accepted

Student Section

I understand that by completing 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 hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements of fraudulent documentation. 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 _____

Electronic 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