

2023-2024 Parent Disavowal of Support

Stud	ent Information
and a	<u>nt</u> : By submitting this form, you will only be eligible for a federal direct unsubsidized loan ny university, foundation, or private scholarships awarded. This form must be completed by parent who would otherwise be required to provide information on the 2023-2024 FAFSA.
Stude	nt Name VU ID#
Phone	e # E-mail
Pare	nt Information and Statement of Non Support
	<u>t</u> : Only complete and sign this form if the statement is true and correct pertaining to the nt referenced above. Please check the box that applies.
Paren	t Name
Phone	e # E-mail
	I am the parent of the above-named student. I refuse to submit my information for and sign a 2023-2024 Free Application for Federal Student Aid (FAFSA).
	 I affirm that, as of the date, I provide no financial support for the student and will not in the future. I understand that financial support may include but is not limited to the following: Having the student live in my house or a house I own or rent; Having the student covered under my health insurance; Having the student covered under my car insurance; Having the student on my telephone or cell phone plan; Paying any expenses incurred by the student in reference to the above; Paying on a car payment for a car the student drives; Allowing the student to charge purchases or expenses on my credit card; Providing any funds by cash, check, or other payment to the student.
Certi	fication & Signatures
Each	person signing certifies that the above information is true and understands that purposely

giving false or misleading information can lead to a significant fine, imprisonment, or both.

Student Signature

Date

DISAV4

Parent Signature

Date