

## 2024-2025 Parent Disavowal of Support

### Student Information

Student: By submitting this form, you will only be eligible for a federal direct unsubsidized loan and any university, foundation, or private scholarships awarded. This form must be completed by your parent who would otherwise be required to provide information on the 2024-2025 FAFSA.

Student Name \_\_\_\_\_ VU ID# \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent Information and Statement of Non Support

Parent: Only complete and sign this form if the statement is true and correct pertaining to the student referenced above. Please check the box that applies.

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

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

I am the parent of the above-named student. I refuse to submit my information for and sign a 2024-2025 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.

### Certification & 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

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

\_\_\_\_\_  
Date