

Student Financial Services

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finances@uwm.edu

2023-24 PARENTAL CERTIFICATION OF REFUSAL TO PROVIDE INFORMATION

PARENT: Complete Sections 1, 2, 3, and 4. Upon receipt of the completed form, the dependent student may be granted a Federal Unsubsidized Stafford Loan, at the discretion of this department.

First Name

Section 1 - Student Information

Last Name

Section 2 - Parent Information Last Name First Name Telephone Number E-mail Address First Name Telephone Number E-mail Address Section 3 - Refusal to Provide Information I understand that the dependent student will only be eligible for a Federal Unsubsidized Staffor not be considered for any other forms of federal, state, or need-based institutional financial aid that the student will not be considered independent for financial aid purposes. At least one of the statements below must be initialed to document parent's refusal to provide I, the parent of the above student, refuse to complete the parental section of the FA Application for Federal Student Aid).	
Last Name First Name E-mail Address Section 3 – Refusal to Provide Information I understand that the dependent student will only be eligible for a Federal Unsubsidized Staffor not be considered for any other forms of federal, state, or need-based institutional financial aid that the student will not be considered independent for financial aid purposes. At least one of the statements below must be initialed to document parent's refusal to provide I, the parent of the above student, refuse to complete the parental section of the FA	
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	e information.
	AFSA (Free
OR	
I, the parent of the above student, have stopped providing financial support to the a understand that financial support includes payment of educational costs, cash, and r support, providing room and board for the student, and providing auto or health insu	non-cash
The date on which I stopped supporting the student is and I will not provide any financial support to the student in the future.	(required)
Section 4 – Certification	
I certify that the above information is true and complete. I acknowledge and understastatement in Section 3 of this form and by signing below I further certify that I agree statement in Section 3.	
Parent's Signature (Required) Date	

NOTE: Signatures cannot be typed or stamped. Must be signature.