

Parents Refusal to Complete a FAFSA Form



I, _____, refuse to compete the Free Application for Federal Student Aid, (FAFSA) or provide any financial support for my child's college education. I understand in doing so, it might hinder their eligibility for federal financial aid.

Students Name

XXX-XX-_____
Last four digits of students SSN

Parent Signature

Date

Please Return To:

Trine University
Financial Aid Office
1 University Ave
Angola, IN 46703

Main Campus
800.347.4878 option 3
260.665.4511 fax
finaid@trine.edu

CGPS
877.294.4878
260.665.4511 fax
spsfinaid@trine.edu