

# 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

**CGPS**  
877-294-4878  
260-665-4511 fax