2026-2027
Parents Refusal to Complete a FAFSA Form

I, _____, refuse to complete 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.

_____ XXX-XX-_____
Students Name 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
260-665-4511 fax

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