

Office of Financial Aid 2130 Fulton Street San Francisco, CA 94117

Phone: 415.422.3387 | Fax: 415.422.6084 Financialaid@usfca.edu

## 2023-2024 Dependent Student without Parental Data Verification

Student Name:	USF Student ID # (CWID):

On your Free Application for Federal Student Aid (FAFSA), you answered "no" to all of the questions about your dependency status. However, you have indicated that you have special circumstances and are unable to provide parental data for one of the following reasons.

- 1. Your parents will not share their information on your FAFSA.
- 2. Your parents do not and will not provide any financial support to you.
  - Your parents do not claim you on their income taxes.
  - Your parents do not provide any type of support including medical insurance, auto insurance, or cash.

As noted in your FAFSA, you may be required to provide proof of your situation. <u>Please have your parent(s) sign</u> and acknowledge that *both* of the following situations exist:

- □ I/we as parent(s) of the above named student, agree that we refuse to complete the Free Application for Federal Student Aid (FAFSA).
- □ I/we as parent(s) of the above named student, agree that we have permanently ended all financial support. This includes all expenses and not just those related to current and future college related costs.

By completing this form, you will ONLY be eligible for <u>Direct Unsubsidized Loans</u> up to the maximum yearly amount of loans that you would normally be eligible for depending on your grade level. In order for you to apply for these unsubsidized loans, you will need to accept your loans on your myUSF page and complete both the Master Promissory Note and Entrance Loan Counseling at <a href="https://studentaid.gov">https://studentaid.gov</a>.

\*Note: If your parent/s refuse to sign and date the **Dependent Student without Parental Data Verification Form**, you must get documentation from a third party, such as a teacher, counselor, cleric, or court.



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## Signature and Certification

By signing this form, I certify that all information reported is complete and correct under penalty of perjury. If you purposely give false or misleading information, you may be fined, sent to prison, or both. I understand that all documentations must be submitted for the appeal to be reviewed. Incomplete or missing information will delay your appeal.

Student Signature:	Date:	
Parent 1 Signature:	Date:	
Printed Parent 1 Name:	Date:	
Parent 2 Signature:	Date:	
Printed Parent 2 Name:	Date:	