

the address above.

FINANCIAL AID SERVICES Sandel Hall 115

700 University Avenue, Monroe, LA 71209

Phone: (318) 342-5320 Email: finaid@ulm.edu

2025-2026 STATEMENT OF PARENT REFUSAL TO COMPLETE FAFSA AND PROVIDE STUDENT SUPPORT

You indicated on the FAFSA that you are unable to provide parental information on the FAFSA. If you cannot obtain parental information and want to be considered for a Federal Unsubsidized Stafford Loan you and your parent must complete and sign all sections below and submit this form to the

Office of Student Financial Aid for review.

Student's Name_____ DOB:____

| CWID | _ |
|---|--|
| Father's Name | Mother's Name |
| I (we) the parent(s) of this student | confirm by signing this document the following: |
| I (we) do not provide cove | ncial support to the student and will not provide financial support I the future rage under a family health insurance plan, provided coverage under the or provide non-cash support such as free room and board for even short |
| I (we) have not claimed sto | udent on 2023 taxes. |
| | use to complete the FAFSA and provide parental information. |
| The date our (my) financial support | to our son/daughter ended was Month/Year |
| Father's Signature | Date |
| Mother's Signature | Date |
| ceased to provide financial support | t you are affirming that your parents refuse to complete the FAFSA, have including health or auto insurance, do not provide free room and board for I no longer provide support in the future. |
| Student Signature | Date |
| If parent(s) refuse to sign this state | ment, but meet the criteria above, the student must provide documentation |

from a third party (teacher, counselor, clergy, or court). Return this form to the ULM Office of Financial Aid at