



**FINANCIAL AID SERVICES** Sandel Hall 115  
700 University Avenue, Monroe, LA 71209  
Phone: (318) 342-5320 Email: [finaid@ulm.edu](mailto:finaid@ulm.edu)

**2026-2027 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 financial support to the student and will not provide financial support in the future.
- I (we) do not provide coverage under a family health insurance plan, provided coverage under the family auto insurance plan or provide non-cash support such as free room and board for even short periods of time.
- I (we) have not claimed student on 2024 taxes.
- I (we) confirm that we refuse 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 \_\_\_\_\_

Your signature below indicates that you are affirming that your parents refuse to complete the FAFSA, have ceased to provide financial support including health or auto insurance, do not provide free room and board for even a short period of time and will no longer provide support in the future.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If parent(s) refuse to sign this statement, 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 the address above.