

Office of Student Financial Assistance Administration Building/Room 120 (914) 606-6773 Fax: (914) 606-7807

2021-2022 Parent Refusal to Complete FAFSA Form

This form must be notarized

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I do hereby attest that the	ne following
t to the student as of	·
(dat	te support ended)
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d for even short periods	of time.
on way obligates me to p	rovide anv
using to complete the FA	•
using to complete the FA	AFSA and provide
	AFSA and provide
	AFSA and provide
	(da ovided coverage under t d for even short periods

ceased to provide support including health or auto insurance, support for bills or living expenses, and do not provide free room and board for even short periods of time and will no longer provide any support in the future.

Student Signature_____

_Date_____I.D#__