

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

2022-2023 Parent Refusal to Complete FAFSA Form

This form must be notarized

| You indicated on the FAFSA that you are unable to prov | • | • |
|---|---------------------------------------|--------------------------|
| obtain parental information and want to be considered parent must complete and sign all sections below and s | | |
| Assistance for review. | ubilit tills form to the Office of St | tudent Financiai |
| Assistance for review. | | |
| Iam the parent of | I do hereby attest | t that the following |
| statements are true: | | |
| I and my spouse, if married, have ceased providing any | financial support to the student a | s of |
| | | (date support ended) |
| Student does not currently live with a parent. | | |
| I (we) will not provide financial support in the future. | | |
| I (we) have not claimed student on 2020 taxes. | | |
| I (we) do not provide coverage under a family health in | surance plan, provided coverage ι | under the family auto |
| insurance plan or provide non-cash support such as free | e room and board for even short p | periods of time. |
| I (we) understand that providing parental information of support to my child in their pursuit of higher education parental information. | , - | |
| In witness whereof I have unto signed my name: this | day of _ | ,20 |
| Parent Signature | | |
| Sworn to before me thisday | of, | 20 |
| Notary Signature and Stamp | | |
| Notary Signature and Stamp | nat vous pasante have safireed to | complete the FAFCA leave |
| Your signature below indicated that you are affirming the | | |
| ceased to provide support including health or auto insu | rance, support for bills or living ex | kpenses, 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#___