



PARENTAL REFUSAL TO PROVIDE INFORMATION AND SUPPORT

Professional Judgement
Financial Aid Office
2020/21

Blue Mountain Community College
PO Box 100
Pendleton, OR 97801
(541) 278-5759 Phone - Service Center
(541) 278-5889 Fax
E-mail: FinancialAid@bluecc.edu

STUDENT NAME: _____ BMCC ID: _____

Your student reports that you refuse to provide your information on their 2020-21 Free Application for Federal Student Aid (FAFSA), you do not provide any support on their behalf, nor will do so in the future. Please know that this will cause them to forfeit opportunities for free grant aid or need-based scholarships as well as Federal Direct Subsidized Loans, leaving only the possibility of merit-based scholarships and the more expensive Federal Direct Unsubsidized Loan option. If this is the case, complete this form so the Financial Aid Office can determine whether your student will qualify for a Federal Direct Unsubsidized Loan without using your information.

To be completed by Parent (whose information would otherwise be included on the FAFSA)

1. Initial each statement:

- I am the biological or legal adoptive parent of the above listed student
- I refuse to provide my information on my student's FAFSA
- He/she does not and will not live with me.
- I do not and will not provide any financial support for him/her, including insurance coverage (ex. auto, medical), in-kind support, payment of bills, etc.

2. Date you last provided any financial support for your student: _____

Parent Name (print): _____

Parent Address: _____
Street or P.O. Box City State Zip Code

Parent Signature: _____ Date: _____

Must be signed in front of a notary

To be completed by Notary Public (Verification upon Oath or Affirmation)

State of _____, County of _____

Signed and sworn to (or affirmed) before me on _____, 20____

Notary Public

NOTE: If your parents refuse to sign and date this statement, you must get documentation from a third party (a student statement is not sufficient), such as a teacher, counselor, cleric, or court.

Financial Aid Office Use Only		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
Reason	Signature of Director-Student Financial Assistance	Date