Financial Aid Office Confluence – Room 120 Campus Box 206 P.O. Box 173363 Denver, CO 80217

Fax: 303-556-5458 Phone: 303-556-5503 Email: <u>financialaid@ccd.edu</u> Website: <u>www.ccd.edu/finaid</u>



## DEPENDENT STUDENT WITH NO PARENTAL DATA 2023-2024

Student Name (print):				
SID#: S	Phone:			
Student Signature:	Date:			
• • • • • • • • • • • • • • • • • • • •	deral Student Aid (FAFSA), your responses indicated that However, you did not provide the required parental			
Submit this form if you are una to provide their information as	able to provide parental data because your parents refuse required on the FAFSA.			
<ul> <li>I/we, as parent(s) of the above permanently ended all finance support stopped). This includes current and future college experience.</li> <li>I/we, as parents of the above complete the student's Free</li> </ul>	ove named student, do hereby state that we have cial support as of// (date financial udes all forms of financial support, not just related to expenses.  Ye named student, do hereby state that we refuse to Application for Federal Student Aid (FAFSA). I/We student will not qualify for any form of financial aid.			
	certify that all of the information reported is complete be notarized if parents are not physically present at the Financial Aid Office.			
Parent Name:				
Signature: Date:				
Parent Name:				
Signature: Date:				

## DEPENDENT STUDENT WITH NO PARENTAL DATA 2023-2024

## **NOTARY SECTION**

(Notary Seal must be visible on the copy)

Do not complete this section unless you are faxing, scanning, or mailing this form.

Subscribed and sworr the County of	before me	e on this, the	_ day of . My commission expires	, 20 in es on
			y cossion oxpiros	
Notary Name (print): (SEAL)				
Notary Signature:				

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