

Financial Aid Office • 5100 Sierra College Blvd. • Rocklin CA 95677 • (916) 660-7310

Parent FAFSA Refusal Certification Letter 2024-2025

Student Last Name	First Name	1	M.I.	Student ID Number
Date of Birth Ph		Phone Number (include area code)		code)
ependent student whose parent(s) have uired to complete the FAFSA may be acation. The Financial Aid Department uest will be approved only in certain c appealed to the U.S. Department of Earn to the Sierra College Financial Aid	eligible to receive will make this de ircumstances. Th ducation. Please	e Unsubsic terminatio e decision complete	lized Stafford n based on th of the Finan	Loans to assist in funding their ne documentation submitted and cial Aid Department is final and n
Parent Last N	lame	Firs	t Name	M.I.
ease read carefully and clearly	y mark <u>EITHE</u>	<u>'R</u> Sectio	on A or B,	depending on your situati
Section A (All statements	must be true)			Section B
Parent(s) have stopped providing financial support (this udes cash and non-cash support such as room & board) to student as of (please enter date); and _ Student does not currently live with a parent; and		Parent(section of th	s) refuse to complete the parenta ne FAFSA.	
_ Parent(s) will not provide financial s	support in the futu	re; and		
_ Parents have not claimed student o	n their 2021 taxe	s; and		
_ Student is not included on parent in	surance policy.			
knowledgement and Signatur	e:			
ereby certify that all the information on derstand that any false statements or r ayment of financial aid, and may subje ttes Criminal Code.	misrepresentation	ıs will be c	ause for deni	al, reduction, or withdrawal, and/
lent Signature				Date Date