

Chandler-Gilbert Community College • Estrella Mountain Community College • Gateway Community College • Glendale Community College • Maricopa Skill Center • Mesa Community College • Paradise Valley Community College • Phoenix College • Rio Salado College • Scottsdale Community College • South Mountain Community College

## 2011-2012 FAFSA PARENTAL DATA OVERRIDE FORM

This form documents the lack of parental data on the Free Application for Federal Student Aid (FAFSA) in order for a student to qualify for Federal Unsubsidized Stafford Loans. Submit completed form with the required documentation to the Financial Aid Office.

### SECTION A: COMPLETED BY STUDENT

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Student Last Name *(Please Print)* \_\_\_\_\_ Student First Name \_\_\_\_\_ Student ID \_\_\_\_\_  
\_\_\_\_\_@maricopa.edu \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
Email Phone Social Security Number

Current Mailing Address *(if none, list name, phone number, and mailing address of current contact)* \_\_\_\_\_

### SECTION B: COMPLETED BY PARENT

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By signing this form, I am certifying that I have stopped providing financial support, which includes, but not limited to, any payment of educational costs, cash, and non-cash support to the student, such as room/board, payment of bills on child's behalf, car insurance, and medical insurance. I also acknowledge that I will be ineligible to apply for a Parent PLUS loan on behalf of my child.

I am certifying that I am no longer providing financial support for my child and will not provide financial support for my child in the future, effective \_\_\_\_\_  
Date financial support ceased

Please attach a statement explaining the reason(s) for refusing parental information for the 2011-2012 FAFSA.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION C: COMPLETED BY STUDENT

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By signing this form, I acknowledge that I will be ineligible to receive any other Title IV Financial Aid (Grants, Subsidized Loans, etc.) if this form is approved.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

Approved  Denied  Committee Review

Notes \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_