Based on the results of your 2019-2020 Free Application for Federal Student Aid (FAFSA), you did not report information about your parent(s). You indicated you have special circumstances.

If all of the following apply, please complete and return this form:

1. You have contact (regardless of how much) with your parent(s) but you do not live with them
2. You do not receive ANY support from your parent(s); this includes insurance coverage, auto payments, or support of any kind
3. Your parent(s) have refused to complete the parent portion of the 2019-2020 FAFSA

The criteria above pertain to the parent(s) that would be required for FAFSA completion. Therefore, parent(s), for purposes of this form, are defined by the FAFSA guidelines as follows:

<table>
<thead>
<tr>
<th>Parent(s)</th>
<th>Applies to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to each other and living together</td>
<td>Both parents</td>
</tr>
<tr>
<td>Single or widowed</td>
<td>Parent</td>
</tr>
<tr>
<td>Remarried as of the date you completed 2018-2019 FAFSA</td>
<td>Parent and Step-parent</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>Parent you lived with more during the 12 months prior to filing FAFSA and step-parent if applicable</td>
</tr>
<tr>
<td>Divorced or separated and you did not live with either</td>
<td>Parent and step-parent if applicable who provided more support to you during the 12 months prior to filing FAFSA or during the most recent time you actually received support</td>
</tr>
</tbody>
</table>

Please list the parent(s) names based on the definition above:

Father/Stepfather:____________________________________ Mother/Stepmother:_____________________________

I/We certify that I/We do not provide any support to my/our child (including insurance coverage, auto payments, living expenses, etc).

Date the support ceased: _____________________________

I/We will not provide financial support in the future.

I/We certify that we do not claim my/our child as a dependent for tax purposes.

Last tax year claimed: _____________________________

I/We certify that my/our child (as listed on this form) does not live with me/us.

Date moved out: _____________________________

I/We refuse to complete the parent portion of the 2019-2020 FAFSA.

I/We understand that by completing this form I/we cannot apply for a 2019-2020 Federal Parent PLUS Loan.

NOTICE: Students completing this form are ONLY eligible for Federal Unsubsidized Stafford Loans at the dependent student limits. Students completing this form ARE NOT eligible for any need-based aid, including Federal, State, and University funds.

Certification: I certify that the information above is true and accurate to the best of my knowledge. I also acknowledge that additional documentation to support the claim may be necessary.

Student Signature:_________________________________________ Date:____________________

Parent(s) Signature:_______________________________________ Date:____________________