

## 2023-2024 DEPENDENT STUDENTS WITHOUT PARENTAL DATA

| NAME:  | SCCC ID:   |
|--|--|
| •  |  |
| Please complete all sections below.  |  |
| <b>SECTION A.</b> Provide separate statements from you   | and your parent(s) indicating the reason(s) they refuse to                               |
| provide information (i.e.: bio-demographic, income   |  |
|  | ust obtain documentation from a third party (i.e. teacher,                               |
| counselor, clergy, etc.) describing your relationship  | with your parent(s).   |
| SECTION B. (completed by the student).   |  |
| I confirm the following (check each):  |  |
| I have read and understand the statement abou  | ve   |
| I have completed a 2023-2024 FAFSA   |  |
|  | 21 Federal Tax Transcript &/or 2023-2024 Monthly   |
| Resource & Expenditure Statement)  |  |
| SECTION C. (completed by the parent):  |  |
| I confirm the following (check each):  |  |
| I have stopped providing support to the studen   |  |
| I refuse to provide financial support to the stud  | ·  |
| I refuse to complete the parental section of the   | e FAFSA & provide supporting documentation.  |
| SECTION D. CERTIFICATION: I/we certify by signing asked, I/we will provide information that will verify the ac | this form that all information reported is true and complete and if curacy of this form. |
| SIGNATURE [Student]:   | DATE:  |
| STUDENT's Name (Please print):   |  |
| SIGNATURE [Parent]:  | DATE:  |
| PARENTS's Name (Please print):   |  |
| OFFICE USE ONLY □ Approved □ Denied  |  |
| Comments:  |  |
|  |  |
| FAO Reviewer:  | Date:  |