## **BLUGOLD CENTRAL STUDENT SERVICES** | 1108 Vicki Lord Larson Hall

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UFDL LTR 27

## **Parent Information Not On FAFSA**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

|         |   | ved your Free Application for Federal Student Aid (FAFSA); however, you indicated that your parents are ovide their information on your FAFSA.   |
|---------|---|--|
| • If re | nancia<br>equire<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o | e questions below, if you (the student) can answer "Yes" to any of them, please log in to your FAFSA at tudentaid.gov and make a correction to answer Yes and re-submit. You are considered Independent for all aid purposes and do not need to include your parents on your FAFSA (some instances below will edocumentation).  Was the student born before January 1, 2003? Is the student married?  Does the student have children or dependents other than a spouse? Is the student pursuing a Master's or Doctorate degree? Is the student currently serving on active duty in the U.S. armed forces for purposes other than training? Is the student a veteran of the U.S. armed forces?  Was the student an orphan, in foster care, or ward/dependent of the court any time after age 13? Is the student a legally emancipated minor or in a legal guardianship, as determined by a court?  Was the student not living in the physical custody of their parents and homeless any time after July 1, 2025; Do unusual circumstances prevent the student from contacting their parents or would pose a risk to the student?  the student) answer "No" to all the questions above, but your parents have ended financial support or to provide their information on your FAFSA, your parent must sign the statement below confirming their support so that we can assess your eligibility for a Federal Unsubsidized Loan. We also urge you to make |
|         |   | ointment with a Financial Aid Counselor to discuss your situation. is the case, your parent must sign the statement below confirming their lack of support.  |
|         |   | I,, parent of,   |
|         |   | (print student name)   |
|         |   | (parent wet signature) (date)  |

Return this completed form to **Blugold Central Student Services**