

**2023-2024  
PARENT REFUSAL FORM**

Questions about how to complete this form?  
 Call 217-786-2237 or 800-727-4161.  
 Text 217-920-1096.  
[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:  
 LLCC Financial Aid  
 5250 Shepherd Road  
 Springfield, IL 62794-9256  
[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*  
 217-786-2229 fax

**Student Information**

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
--	-------------------	---------------

**Eligibility**

Under federal law, a financial aid administrator may, but is not required to, offer a dependent student an Unsubsidized Direct Stafford Loan, but not other Title IV federal student aid if the dependent student's parent(s) have stopped providing financial support to the student, will not financially support the student in the future AND decline to complete a Free Application for Federal Student Aid (FAFSA).

If you (the student) meet the following, you may still be able to receive a Federal Unsubsidized Direct Stafford Loan:

- Parents refusing to contribute to the student's education.
- Parents unwilling to provide information on the application or for FAFSA verification.
- Parents not claiming the student as a dependent for income tax purposes.
- Student demonstrating self-sufficiency.

**Parent Statement**

I understand that providing my information on my child's FAFSA does not obligate me to pay their educational expenses; however, I/we do not and will not provide financial support to my child. **Please check all boxes showing you understand you will not provide the following support and supply the date the support ended if asked:**

- I/we no longer provide financial support to my child and will not in the future.  
Date support ended: \_\_\_\_\_
- I/we no longer provide room and board to my child and will not in the future.  
Date support ended: \_\_\_\_\_
- I/we no longer provide medical/auto insurance for my child and will not in the future.  
Date support ended: \_\_\_\_\_
- I/we refuse to complete the parental section of the Free Application for Federal Student Aid.
- I/we do not claim the student as a dependent for income tax purposes and I will not in the future.

PARENT 1 NAME (PRINTED)	DATE SUPPORT ENDED
PARENT 1 SIGNATURE (REQUIRED - Sign printed form.)	DATE
PARENT 2 NAME (PRINTED)	DATE SUPPORT ENDED
PARENT 2 SIGNATURE (REQUIRED - Sign printed form.)	DATE

**Student Statement**

- I understand that I will not be considered an independent student,
- I understand that I am not a candidate for a dependency override,
- I understand that I am not eligible for any federal or state grants and
- I understand that I am not eligible for any federal subsidized loans.

By signing this form, you certify that all information reported above is complete and accurate. You understand that if you purposely give false or misleading information on this form, you may be fined \$20,000, sent to prison or both.

STUDENT SIGNATURE (REQUIRED - Sign printed form.)	DATE
---	------