Lincoln Land Community College

2026-2027
PARENT REFUSAL FORM

Questions about how to complete this form?
Call 217-786-2237 or 800-727-4161.
Text 217-786-2237.
www.llcc.edu/financial-aid

Return completed form to:
LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62703
financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.

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 Loan — but not other Title IV federal student aid — if the dependent student's parent(s) have ended financial support of the student or refuse to contribute their information on the student's 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/we understand that providing my/our information on my child's FAFSA does not obligate me/us to pay their educational expenses; however, I/we do not and will not provide financial support to my child. **Please check all boxes the apply 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
PARENT 1 SIGNATURE **(REQUIRED – Sign printed form.)**	DATE
PARENT 2 NAME (PRINTED)	DATE
PARENT 2 SIGNATURE **(REQUIRED – If applicable – 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