



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Student ID: _____
Rec'd by: _____
Date: _____

2025-26 Parent Refusal and Non-Support Form

If your parent(s) refuses to provide their federal tax information on the 2025-2026 FAFSA and refused to provide you with financial support, please complete and submit the attached form for consideration to apply for an unsubsidized loan only at the discretion of a financial aid administrator. If your parent(s) refuse to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, counselor, clergy, or the court.

**** Please note that the Unsubsidized Loan is the ONLY federal aid available to the student under this exception. A student would not be eligible for federal grants, subsidized loans or work-study.**

A. Student's Information:

Last Name: _____ First Name: _____ MI _____

Student Social Security: _____ Student Date of Birth: _____

Street Address: _____ City: _____ State: ___ Zip: _____

Student Phone #: _____ Student Email: _____

B. Parent(s) Statement of Refusal

Place a check mark next to the following statement indicating you understand each:

- We (I) are/am refusing to provide income information and all requested sections on the 2025-2026 FAFSA that apply to "Parent"; **AND**
- We (I) will not provide any financial support to the student in the future; **AND**
- We (I) have stopped providing financial support to the student on _____
date

By signing this document, we (I) are confirming the above statements to be true.

Parent Name: _____

Parent's Signature: _____ Date: _____
Please print and sign this form

Other Parent: Name: _____

Other Parent's Signature: _____ Date: _____
Please print and sign this form



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C. Third Party Documentation *(Required only if Section B cannot be completed)*

If your parent(s) refused to sign and date this statement you must get documentation from a third party such as a teacher, counselor, clergy, or the court.

I have attached statement(s) from the following person(s):

Name of Third Party	Address	Job Title	Relationship to you

I certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information, I could be fined, jailed or both.

Student's Signature: _____ Date: _____
Please print and sign this form

**Submit this worksheet to the Financial Aid Office at SC4, Welcome Center, Rm 251.
or by email at financialaid@sc4.edu**