

Office of Financial Aid 8800 O Street Lincoln, NE 68520 Ph: 402-437-2610

Fax: 402-437-2402 financialaid@southeast.edu

FAFSA Verification Student without Parental Support

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tudent N	Name: Student SCC ID:	
ou indica	ated on your Free Application for Federal Student Aid (FAFSA) you were unable to provide your parental information.	
	students whose parents refuse support are not eligible for a dependency over-ride, the Higher Education Opportunity Act IEOA) allows such students to receive Federal Direct Unsubsidized loans ONLY .	
	be eligible for this provision you must get documentation (1) your parents refuse to provide information for your FAFSA ur parents do not and will not provide any financial support to you.	
	ents refuse to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, cleric, or court.	
ossible. E	mplete the instructions on this form and return it to The Office of Financial Aid at Southeast Community College as soon and Be sure to include your name and SCC ID on all forms you submit to our office. Due to data security guidelines, all form to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.	
	Student without Parental Support	
) must attest both of the following statements are true by checking the boxes, providing the date support ended, ing below.	
	I refuse to provide information for my student's FAFSA.	
	I do not and will not provide any financial support to my student.	
	Date support ended:/	
Parent	Name:	
Parent	Signature:	
Data		
Date: _		
Parent	Signature:	

Date: _

Student Signature:_

E-signatures will NOT be accepted