

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

Student	Name:	Student SCC ID:
You indic	ated on your Free Application for Federal St	udent Aid (FAFSA) you were unable to provide your parental information.
	students whose parents refuse support are r HEOA) allows such students to receive Fede	not eligible for a dependency over-ride, the Higher Education Opportunity Acteral Direct Unsubsidized loans ONLY .
	o be eligible for this provision you must get dour parents do not and will not provide any fi	ocumentation (1) your parents refuse to provide information for your FAFSA nancial support to you.
	rents refuse to sign and date a statement to r, cleric, or court.	this effect, you must get documentation from a third party, such as a teacher,
ossible.	Be sure to include your name and SCC ID o	rn it to The Office of Financial Aid at Southeast Community College as soon as n all forms you submit to our office. Due to data security guidelines, all forms ed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.
1		nt without Parental Support nents are true by checking the boxes, providing the date support ended,
	I refuse to provide information for my	student's FAFSA.
	I do not and will not provide any finan	cial support to my student.
	Date support ended://	
Paren	t Name:	
Paren	t Signature:	
Date:		
certify all	oof of the information I have given on the form. W	State student aid is complete and correct. If asked by an authorized official, I agree to farning: If you purposely give false or misleading information, you may be fined, sent
Student Si	gnature:	Date:
	⊢-signatures will NO L be accepted	