Enrollment and Student Financial Services

Financial Aid
Phone: (541) 463-3100
Fax: (541) 463-3983 * Email: asklane@lanecc.edu
4000 East 30th Avenue * Eugene, OR 97405-0640



REFUSAL TO PROVIDE INFORMATION AND SUPPORT

Your child indicates you are unwilling to provide your information on his/her Free Application for Federal Student Aid (FAFSA) and that you no longer provide any support on his/her behalf. Please complete this form so we can determine whether your child will qualify for a Federal Direct Unsubsidized Loan without using your information.

Student Information				
Name:		L#		
Address:street address				
street address	city	state	zip	
To be Completed by Parent				
1. Check <u>all</u> boxes that apply:				
 □ I am the biological or legal adoptive p □ I am unwilling to provide my informati □ My child does not live with me. □ I no longer claim my child as a depen □ I do not and will not provide any finan support, payment of bills, etc. 2. When was the date you last provided any 	ion on my child's FAI ndent on my income f ncial support for my c	FSA. tax forms. thild, including insurance	-	
		nonth	& year	
Parent Name:please print				
Address:street address	city	state	zip	
Street address	City	State	Σιμ	
Parent Signature (must sign in front of notary)			Date	
To be Completed by Notary Public (Verification	on Upon Oath or A	Affirmation)		
State of, County of		_		
Signed and sworn to (or affirmed) before me on by				
Notary Public				
Financial Aid Office Use Only				
Decision - 🗖 APPROVED 🗂 DENIED				
Reason:				