

OFFICE OF FINANCIAL AID & SCHOLARSHIPS 2601 GENTILLY BLVD. * NEW ORLEANS, LA 70122 * PHONE: (504)816-4677

Parent Refusal Form

2024-2025

Student's Name (PRINT):	DU ID:
Phone: ()	Date of Birth://

Federal regulations give schools the authority to allow a student to borrow a Federal Direct Unsubsidized Loan when the student's parents have ended all financial support and have refused to complete and sign a Free Application for Federal Student Aid (FAFSA). Students who request consideration for the loan should read the information on this form and have one parent complete and sign this form. Please note that this form does not allow a student to apply for financial aid as an independent student.

The student submitting this request and completing this form must understand that they will only be considered for the Federal Direct Unsubsidized Loan, which will be awarded only at the loan limit specified for a dependent student as determined by the Federal Government. No other federal, state, or university need-based aid will be available, including the Federal Direct PLUS Loan. Although the Financial Aid Office may waive the requirement for parent income and asset information on the FAFSA, the student must complete and submit a FAFSA that includes all of the required student information and certifications.

Note to student: If you meet the conditions shown in the Parent Section, but your parent will not sign this form, you may submit a letter from a third party (e.g. teacher, counselor, clergy and court) who is familiar with your situation and can describe your relationship with your parents. The letter must be on appropriate letterhead.

Parent Attestation

l,	, stopped providing finance	_, stopped providing financial support to the student (including payment of					
(Parent name)							
educational costs, as all other cash	and non-cash support to the stud	lent such as r	oom and/or boa	ard) as of the following			
date	(mm/dd/yyyy) and I will not pro	vide financial	support to the	student in the future, and			
I refuse to complete the parental se	ction of a Free Application for Fe	ederal Studen	t Aid (FAFSA). 🗚	copy of the parent's			
picture ID must accompany this fo	m. Parent's Signature:						
Parent Address:							
	eet	City	State	Zip			
	Certification						
By signing below, I/we acknowled	ge and confirm that the above i	nformation is	s complete and	correct. Purposely giving			
false or misleading information may whose information was reported or			oth. If student i	s dependent, one parent			
Student Signature:		Date:					
Parent Name:	Parent Sign	ature:					
Dillard University is committed to a workplace a gender, national origin, disability, status as a vet	and educational environment free of discrim	ination and haras	sment based upon ra				