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 Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

SOUTH MOUNTAIN COMMUNITY COLLEGE

2015-2016 FEDERAL STUDENT AID PARENTAL DATA OVERRIDE FORM

Instructions:

You did not report parental information on your Free Application for Federal Student Aid (FAFSA). In order to qualify for Federal Unsubsidized Stafford Loans, you must complete and submit this form and supporting documentation to the college financial aid office for review. Processing of this form may be delayed if information or documentation is incomplete, or there are inconsistencies that must be clarified.

Student Information

| | | | | |
|--|-------------------|-----------|---------------------------------------|-----------------------|
| Last Name | First Name | MI | Social Security No. XXX-XX- | Student ID No. |
| Maricopa Email Address @maricopa.edu | | | Phone Number with Area Code | |

To Be Completed by Parent:

By signing this form, I am certifying that I have stopped providing financial support, which includes, but not limited to, any payment of educational costs, cash, and non-cash support to the student, such as room/board, payment of bills on child's behalf, car insurance, and medical insurance. I also acknowledge that I will be ineligible to apply for a Parent PLUS loan on behalf of my child.

I am certifying that I am no longer providing financial support for my child and will not provide financial support for my child in the future, effective _____.
 (Date financial support ceased)

I have attached a statement explaining the reason(s) for refusing parental information for the 2014-15 FAFSA.

| | | |
|---|------------------------------|-------------|
| Parent's Signature (electronic signature NOT accepted) | Parent's Printed Name | Date |
| | | |

To Be Completed by Student:

By signing this form, I acknowledge that if this form is approved, I will only be eligible for Federal Unsubsidized Stafford Loans. I will not be eligible to receive any other form of Title IV Financial Aid (Federal Grants, Subsidized Loans, etc.).

| | |
|--|-------------|
| Student's Signature (electronic signature NOT accepted) | Date |
| | |

| | |
|---|-------------|
| For Official Use Only - To be completed by an Institutionally-Authorized Staff Member | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Committee Review | |
| Notes: _____ | |
| _____ | |
| Counselor's Signature | Date |
| | |