

### Parent Certification of Cessation of Support

Student Name: \_\_\_\_\_

Student UNG ID: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

The Free Application for Federal Student Aid (FAFSA) is the application used to determine financial aid eligibility for federal grants, loans, and work study jobs on campus.

By signing below, I certify that

1. The student named above is my child;
2. The student named above does not live with me;
3. I refuse to complete the parental section of the FAFSA;
4. I do not now and will not in the future provide financial support for the student named above;
5. I will no longer be eligible to borrow a Federal PLUS Loan to help pay for my child's education.

The approximate date I stopped providing financial support for the student above was

\_\_\_\_\_  
(Month, day, year)

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_