

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: _____

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