



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
 Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain  
 Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

## 2014-2015 Federal Student Aid Parental Data Override Form

**Parental  
 Data  
 Override**

**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 your campus Financial Aid Office* for review. Processing of this form may be delayed if information or documentation is incomplete, or if there are inconsistencies that must be clarified.

**Student Information**

|  |                   |           |  |                          |
|--|-------------------|-----------|--|--------------------------|
| <b>Last Name</b>                                   | <b>First Name</b> | <b>MI</b> | <b>Social Security Number</b><br>XXX-XX- | <b>Student ID Number</b> |
| <b>Maricopa Email Address</b><br><br>@maricopa.edu |                   |           | <b>Phone Number with Area Code</b>       |                          |

**Parent's Certification and Signature:**

By signing this form, I am certifying that I have stopped providing financial support which includes but is 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.

|   |                              |             |
|---|------------------------------|-------------|
| <b>Parent's Signature (electronic signature NOT accepted)</b> | <b>Parent's Printed Name</b> | <b>Date</b> |
|---|------------------------------|-------------|

**Student's Certification and Signature:**

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.).

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

|  |             |
|--|-------------|
| <b>Student's Signature (electronic signature NOT accepted)</b> | <b>Date</b> |
|--|-------------|

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