

2021-22 Noncustodial Parent Waiver Petition

The college believes strongly that it is the responsibility of both biological/adoptive parents to pay for a student's college expenses based on their financial ability. Financial information is required from both biological/adoptive parents to determine a student's financial aid award. If the biological/adoptive parents of the student are divorced or separated, the noncustodial parent is the biological/adoptive parent with whom the student **has not** lived the most during the past 12 months. If the student has spent an equal amount of time in both parents' households during the past year, then the noncustodial parent is the parent who **has not** provided the most financial support during this period. By completing this form, you are petitioning that an exception be made to the requirement of receiving financial information from your noncustodial parent.

| Student Information | | | | | | |
|---|---|--|--|--|--|--|
| Name: | Custodial Parent Name: | | | | | |
| Permanent Address: | Telephone Number: | | | | | |
| | Student E-mail: | | | | | |
| Custodial Parent Occupation: | Custodial Parent E-mail: | | | | | |
| Custodial Parent Telephone Number: | Current Marital status of Custodial Parent: Married Single If married, date of current marriage: | | | | | |
| Noncustodial Parent Information | | | | | | |
| Noncustodial Parent Name: | arent Name: Occupation: | | | | | |
| Telephone Number: | E-mail Address: | | | | | |
| Address: | If any of the information that we are asking is not known, please indicate "unknown" in the appropriate blank(s). | | | | | |
| Additional Information | | | | | | |
| Marital status of your biological/adoptive parents If divorced/separated, indicate the year of divorce/separation: | □ Never Married □ Divorced/Separated | | | | | |
| Has your noncustodial parent ever claimed you as a dependent on a federal If yes, indicate the most recent tax year that occurred: | tax return? 🛛 Yes 🔤 No 🗌 Don't Know | | | | | |
| Have you had contact with your noncustodial parent in the past year? If no, indicate the last time you had contact with him/her: | | | | | | |
| What was the nature of the contact (letter, visit, phone call, etc.) _ Are there any legal orders that limit your noncustodial parent's contact with If yes, please attach documentation (i.e., restraining order, police i | you? 🛛 Yes 🗌 No | | | | | |

| Child Suggest Information | | | | | | | |
|---|-------|-------|--------|---------|--|--|--|
| Child Support Inform | ation | _ | | _ | | | |
| Did your noncustodial parent pay child support in 2019 If yes, indicate the total amount he/she paid in 2019 for you: | | ☐ Yes | | □No | | | |
| For other children: | | | | | | | |
| If no, indicate the last year that he/she paid child support: | | . [|] Neve | er Paid | | | |
| Is child support court ordered? | Yes | | No | | | | |
| Student Statement Provide a written statement that will help us to better understand the circumstances that you believe make it appropriate for us not to require any financial information or contribution from your noncustodial parent. Be sure to provide as much detail as possible and attach additional pages if necessary. You should also attach any applicable documentation to substantiate or expand upon your situation. | | | | | | | |
| Third Party Statement Attach a statement from a third party (other than an attorney) that verifies the amount of contact you have had with your noncustodial parent. Typically, these letters come from counselors, ministers, and other professionals close to the student's situation. Letters from family members are not acceptable. | | | | | | | |
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| Certification and signatures | | | | | | | |
| I certify that all information on this form is true and complete to the best of my knowledge. | | | | | | | |
| | | | | | | | |

| Student's Signature: | Date: |
|-------------------------------|----------------|
| Custodial Parent's Signature: | Date: |
| | |
| Int | ernal Use Only |

| | Internal Use Only | | |
|---------------------------|-------------------|--------|-----------|
| Committee Review Date: () | Approved | Denied | Initials: |
| | | | |