



Return this form to any of the following:

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2024-2025 Request for FAFSA Parental Data Override

Student Name:	Student ID#:
Phone Number:	Date of Birth:

Note: If approved, the only federal assistance the student is eligible for are Direct Unsubsidized Loans.

To be Completed by Parent

I, the parent of _____, do not provide financial support for my child and I refuse to
(student's name)
 provide parental data for the 2024-2025 FAFSA. 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. 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

Parent's Name (Print)

Parent's Signature (cannot be typed)

Date

If your parent(s) refuse to sign this form, you must submit a **typed, signed, and dated statement** from a third-
 party familiar with the situation. The statement should be from an adult who has direct knowledge of the situation,
 or a professional from whom you have sought assistance. Professionals include guidance counselors, doctors,
 lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.

Name of Third-party (Print)

Relationship to Student

By signing this form, I, the student, acknowledge that I will be ineligible to receive any other Title IV Federal
 Financial Aid (Grants, Subsidized Loans, etc.) if this form is approved.

Student's Signature (cannot be typed)

Date

FAA Use Only:	<input type="checkbox"/> Approved	Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied: _____		