

To Return Electronically: myCarlAlbert Student Portal: Attachment Upload (if available) Email: financialaid@carlalbert.edu Fax: 918-647-1227 To Return in Person or by Mail: Poteau Office: Hemphill Hall – HH102 1507 S. McKenna, Poteau, OK, 74953 Sallisaw Office: Mayo – 8002 1601 S. Buddy Spencer Ave, Sallisaw, OK, 74955

2026-2027 Request for FAFSA Parental Data Override

Student Name:			Student ID#:	
Phone Number:			Date of Birth:	
Note: If approve	ed, the only federal a	assistance the student is	eligible for are Federal Dire	ect Unsubsidized Loans.
To be Completed I, the parent of	(student's nam	ie)	ide financial support for my	
-			is form, I am certifying tha any payment of educationa	
			neligible to apply for a Fed	
behalf of my child.	I am certifying tha	t I am no longer providi	ng financial support for my	child and will not provide
financial support fo	or my child in the fu	nture, effective	ncial support ceased	
Parent's Name (P	Print)	Parent's Signa	ture (cannot be typed)	Date
party familiar with or a professional fr	the situation. The som whom you have	statement should be from e sought assistance. Pro	a typed, signed, and dated in an adult who has direct know fessionals include guidance ficers, clergy members, etc.	nowledge of the situation,
Name of Third-pa	arty (Print)	Relationship to	Student	
besides Federal Unsu	ıbsidized Loans if thi		ible to receive any other Title rmore, I understand that purp	
Student's Signature (cannot be typed)			Date	
Student's Signatu	re (cannot be typed)		Date	