Financial Aid Application Opt-Out Form

Financial aid applications inform postsecondary institutions' decisions about student eligibility for federal, state, and institutional funds. Financial aid awards can help students pay for their educational expenses after high school.

Each high school senior in a Texas public school district or open enrollment charter school must complete and submit a Free Application for Federal Student Aid (FAFSA) or a Texas Application for State Financial Aid (TASFA) as a state requirement for graduation. Texas Education Code §28.0256 allows a student to opt out of the financial aid application graduation requirement by submitting a signed form that authorizes the student to decline.

To authorize a student to opt out of the financial aid application graduation requirement, the Financial Aid Application Opt-Out Form must be signed by one of the following:

OPTION I: A student age 18 years or older or emancipated minor under Chapter 31, Texas Family Code
OPTION II: The student's parent or guardian and the student
OPTION III: A school counselor, for good cause as determined by the school counselor, and the student

Students under 18 years of age may only be authorized to decline under OPTION II or OPTION III.

Student Printed Name:	**Date of Birth:**
District/Charter School: Cypress-Fairbanks Independent School District	**Campus:**

Submitting a *Financial Aid Application Opt-Out Form* does not prohibit a student from completing and submitting a financial aid application at any time in the future.

OPTION I: STUDENT AUTHORIZATION

My signature below certifies that **I am 18 years of age or older or an emancipated minor** and am authorized to decline to complete and submit a financial aid application on my own behalf.

Student Signature:	**Date:**

OPTION II: PARENT AUTHORIZATION

My signature below authorizes my child to decline to complete and submit a financial aid application.

Parent/Legal Guardian Signature:	**Date:**

Parent/Legal Guardian Printed Name:

I am under the age of 18 and with my parent's authorization, I decline to complete and submit a financial aid application.

Student Signature:	**Date:**

OPTION III: COUNSELOR AUTHORIZATION

My signature below certifies that reasonable efforts to fulfill obligations to the student have been made, but for good cause I have authorized the student to decline to complete and submit a financial aid application.

School Counselor Signature:	**Date:**

School Counselor Printed Name:

I am under the age of 18 and with my counselor's authorization, I decline to complete and submit a financial aid application.

Student Signature:	**Date:**