



FINANCIAL AID OPT-OUT FORM

The Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) determines a pupil's eligibility for financial aid to assist with a pupil's attendance at a college or career school. California Education Code (CEC) § 51225.7 requires a local educational agency to confirm each 12th grade pupil's completion and submission of a FAFSA or CADAA unless the pupil is determined to be exempt or an opt-out form is completed by a legally emancipated pupil, a pupil who is 18 years or older, a legal guardian or parent, or a local educational agency on a pupil's behalf.

This opt-out form permits a pupil to opt out of the completion of a FAFSA or CADAA form. If you wish to opt yourself or your pupil out of the Financial Aid Application requirement, please complete this form and return it to your high school's counseling office by April 2, 2026. Submitting a Financial Aid Application Opt-Out Form does not prohibit a pupil from completing and submitting a financial aid application in the future.

PUPIL INFORMATION:

Pupil Name (First, Last):
Date of Birth (Month, Day, Year):
NMUSD ID #:

Option 1 - Pupil Authorization (emancipated or age 18 or older): By signing this form, I understand what the FAFSA and CADAA are, and I choose not to submit a completed financial aid application.	
Pupil Signature:	
Pupil Printed Name:	Date:

Option 2 - Parent or Guardian Authorization: The pupil named on this form is under the age of 18. I am a parent or legal guardian of the above-named minor, and by signing this form, I understand what the FAFSA and CADAA are, and I choose for my pupil not to submit a completed financial aid application	
Parent/Guardian Signature:	
Parent/Guardian Printed Name:	Date:

Option 3- Counselor Authorization: My signature below certifies that reasonable efforts to ensure the pupil completed the FAFSA/CADAA application have been made, but I have determined the pupil is unable to complete the requirements of Education Code Section 51225.7.	
Counselor Signature:	
Counselor Printed Name:	Date: