



## 2026 – 2027 Parent Refusal of Financial Support

**Student:** If your biological /adoptive parent(s) are unable to provide income information on the Free Application for Federal Student Aid (FAFSA) due to extenuating circumstances beyond you or your parent’s control, contact our office for more information as you may qualify for a Dependency Status review. Please note that parental refusal does not constitute an extenuating circumstance.

**Parent:** The Financial Aid Office at Albright College has received notification from the U.S. Department of Education through the FAFSA your son/daughter completed, that you, the biological or adoptive parent, have refused to complete the parental section of the FAFSA. The FAFSA is used to determine a student’s eligibility to receive Federal, State, and Institutional financial aid to assist the student with their educational expenses. Please review section C and complete the entire section along with section D, if appropriate.

### A. Student and Parent Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### B. Select ONLY the statement that applies to you

<input type="checkbox"/>	I have applied for financial aid by completing the Free Application for Federal Student Aid (FAFSA) and indicated that my parents refuse to complete the parental section of the FAFSA.
<input type="checkbox"/>	I have applied for financial aid by completing the Free Application for Federal Student Aid (FAFSA) and my parents have completed the parental section of the FAFSA.

***If you have selected this statement, do NOT continue any further as you are not eligible to complete this form***

### C. Parent Refusal Statements- Read AND initial ALL statements

_____	<p>I, the biological/adoptive parent of the above-named student do not provide financial support in any form, including but not limited to, funds for housing, meals, transportation, medical costs, clothing, personal hygiene products, insurance, etc.</p> <p>Effective date of discontinuation of financial support: _____(required)</p> <p><i><b>If this statement does not pertain to you do NOT continue any further as you are not eligible to complete this form</b></i></p>
_____	<p>I, the biological /adoptive parent of the above-named student, do not intend to provide financial support during the 2026-2027 academic year and therefore give up my right to apply for and receive a PLUS (Parent Loan for Undergraduate Students) for the student to assist them with education expenses for the 2026-2027 academic year.</p> <p><i><b>If this statement does not pertain to you do NOT continue any further as you are not eligible to complete this form</b></i></p>
_____	<p>I, the biological /adoptive parent of the above-named student refuse to provide my personal and financial information on the student’s FAFSA (Free Application for Federal Student Aid) for 2026-2027 academic year.</p> <p><i><b>If this statement does not pertain to you do NOT continue any further as you are not eligible to complete this form</b></i></p>

### D. Consent of Form

*By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_