CONNECTICUT
Education

Local Education Agency Student Financial Aid Waiver

Starting with the Class of 2027, all Connecticut public high school students are expected to either complete a Free Application for Federal Student Aid (FAFSA) or complete and submit to a public institution of higher education an application for institutional financial aid for students without legal immigration status in order to graduate high school unless they submit or obtain a waiver in accordance with Sections 9 and 10 of Public Act 24-45. This waiver form, upon completion, exempts a student from this high school graduation requirement.

I. STUDENT INFORMATION

Student Name (please print):_____

State Assigned Student Identifier (SASID):_____

Student Date of Birth:_____

Student School District:_____

Student High School:_____

II. SIGNATURE (*one signature required)*

Students seeking a waiver from the FAFSA or other institutional financial aid application graduation requirement must have a parent or legal guardian read, sign, and return this form to the student's school prior to graduation. Students who are 18 or older or are legally emancipated minors may sign this form on behalf of themselves.

On or after March 15 of the school year, a principal, school counselor, teacher, or other certified educator may also waive the student from this graduation requirement so long as they affirm that the school has made a good faith effort to contact the parent, legal guardian, or student on at least three (3) occasions about completing the FAFSA or institutional financial aid application.

PARENT OR LEGAL GUARDIAN

I understand the purpose of the FAFSA and choose not to submit a completed financial aid application for the student listed above. I also understand that by not completing the FAFSA, the student will not be considered for the Connecticut Roberta Willis Scholarship Program Grant of up to $5,250 or Federal Pell Grants of up to $7,395.

_____ _____

Parent or Legal Guardian Signature *Date*

OR

STUDENT (*only students who are eighteen years of age or older or are legally emancipated minors)*

I understand the purpose of the FAFSA and choose not to submit a completed financial aid application. I also understand that by not completing the FAFSA, I will not be considered for the Connecticut Roberta Willis Scholarship Program Grant of up to $5,250 or Federal Pell Grants of up to $7,395.

_____ _____

Student Signature *Date*

OR

SCHOOL REPRESENTATIVE

By signing this form, I affirm that the school has made a good faith effort to contact the parent, legal guardian, or student on at least three (3) occasions about completing the FAFSA or institutional financial aid application. I further affirm that I am the principal, school counselor, teacher, or other certified educator.

_____ _____

School Representative Signature *Date (must be on/after March 15)*

_____

Title