

**Financial Aid**

Phone: (541) 463-3400  
Email: Finaid@lanecc.edu \* Fax: (541) 463-3983  
4000 East 30th Avenue \* Eugene, OR 97405-0640  
Digital Drop Box - <https://www.lanecc.edu/financialaid/document-intake-form>



**REFUSAL TO PROVIDE INFORMATION AND SUPPORT**

Your child indicates you are unwilling to provide your information on their Free Application for Federal Student Aid (FAFSA) and that you no longer provide any support on their behalf. Please complete this form so we can determine whether your child will qualify for a Federal Direct Unsubsidized Loan without using your information.

**Student Information**

Name: \_\_\_\_\_ L# \_\_\_\_\_

Address: \_\_\_\_\_  
street address city state zip

**To be Completed by Parent**

1. Check all boxes that apply:

- I am the biological or legal adoptive parent of the above listed child.
- I am unwilling to provide my information on my child's FAFSA.
- My child does not live with me.
- I no longer claim my child as a dependent on my income tax forms.
- I do not and will not provide any financial support for my child, including insurance coverage, in-kind support, payment of bills, etc.

2. When was the date you last provided any support for your child? \_\_\_\_\_  
month & year

Parent Name: \_\_\_\_\_  
please print

Address: \_\_\_\_\_  
street address city state zip

\_\_\_\_\_  
Parent Signature (must sign in front of Notary)

\_\_\_\_\_  
Date

**To be Completed by Notary Public (Verification Upon Oath or Affirmation)**

State of \_\_\_\_\_, City/County of \_\_\_\_\_

On \_\_\_\_\_, before me \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_  
(Printed name of signer)

\_\_\_\_\_  
Notary Public Signature and official seal Seal (stamp here): \_\_\_\_\_

My commission expires on \_\_\_\_\_  
(Date)