

DEPENDENT STUDENT WITH NO PARENTAL DATA

Student Name: _____ **Student ID:** S _____

Phone Number: _____ **CCD Email:** _____ **@student.cccs.edu**

Note: All requests and information (including information about financial aid awards) will be emailed to your CCD Email Account.

For instructions on activating your account, please visit www.ccd.edu/finaid or contact our office at 303-556-5503.

On your Free Application for Federal Student Aid (FAFSA), you answered "no" to all of the questions regarding your dependency status. However, you did indicate that:

- You have special circumstances and are unable to provide parental data for one of the following reasons:
 - Your parents do not want to provide their information on your FAFSA
 - Your parents refuse to contribute to your college expenses
 - Your parents do not claim you as a dependent on their income taxes
 - You do not live with your parents
 - Your parents do not give you any type of support including items such as medical insurance, auto insurance, or cash

As noted in your FAFSA, you may be required to provide evidence of your situation. Please have your parent(s) sign and have notarized that both the following conditions exist:

- I/we as parent(s) of the above named student, do hereby state that we have permanently ended all financial support as of ____/____/____ (date when financial support stopped). This includes all expenses and not just those related to current and future college related costs.

- I/we as parent(s) of the above named student, do hereby state that we refuse to complete the Free Application for Federal Student Aid (FAFSA).

By signing this document, I certify that all the information reported is complete and correct.

Parent Signature Date

Parent Signature Date

WARNING: if you purposefully enter false or misleading information on this document, you may be fined, be sentenced to jail, or both.

Please have above signatures Notarized below