

Financial Aid & Scholarships Confluence Building – Room 120 800 Curtis St. Denver, CO 80204 303.556.5503 | financialaid@ccd.edu

## **Dependent Student with No Parental Data 2025-2026**

Student Name (print):					
S#: Phone:					
Student E-mail:					
Note: Your official CCD email account is	the only email CCD will accept for correspondence.				
•	dent Aid (FAFSA), your responses indicated that you are a provide the required parental information on your FAFSA.				
Submit this form if you are unable to prov their information as required on the FAFS	ride parental data because your parents refuse to provide SA.				
Student Signature:	Date:				
☐ I/We, as parent(s) of the above na	mat one or both of the following conditions exist: med student, do hereby state that we have permanently				
	// (date financial support stopped). This includes related to current and future college expenses.				
	med student, do hereby state that we refuse to complete the Student Aid (FAFSA). I/We understand this means our financial aid.				
	t all of the information reported is complete and correct. <i>This</i> not physically present at the time of submission to the				
Parent 1 Name:					
Signature:	Date:				
Parent 2 Name:					
Signature:					
Mailing Address: Campus E	Box 206   P.O. Box 173363   Denver, CO 80217				

Revised: 04/02/2025

DEPSPC

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S#:				
•	otary Section must	Section be visible on the copy are faxing, scanning,	•	ı <b>.</b>
Subscribed and sworn before m	e on this, the	day of	, 20	in the
County of, Sta	te of	My commission e	expires on	
, 20	<u> </u>			
Notary Name (print): (SEAL)				
Notary Signature:				

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