



PARENT PLUS APPLICATION FOR PARENTS NOT ON FAFSA

By signing this document, I certify that _____ (biological parent's name) is the biological parent of _____ (student's name). I acknowledge that I am not on FAFSA. I understand if I purposely give false or misleading information I may be fined, be sentence to jail or both. The Office of Financial Aid will turn the information over to the Office of the Ombudsman.

| |
|---|
| Date: _____ |
| Parent Signature _____ Student Signature _____ |
| (Handwritten signature required) (Handwritten signature required) |

NOTARY SEAL

| |
|---|
| State of _____ |
| County of _____ |
| Subscribed and sworn to (or affirmed before me this _____ day of _____ in the year 20__. |
| _____ Signature of Notary Public |
| My Commission Expires _____ |

Please submit a copy of your State Issued Driver License.