



2009-10 Request for Federal Student Loan Due to Parental Nondisclosure

STUDENT FINANCIAL ASSISTANCE

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
E-MAIL ADDRESS	DAYTIME PHONE NUMBER	

SECTION B: PARENT INFORMATION (PLEASE PRINT)

FATHER'S (OR STEPFATHER'S) FULL NAME (LAST, FIRST MI.)	DAYTIME PHONE NUMBER
MOTHER'S (OR STEPMOTHER'S) FULL NAME (LAST, FIRST MI.)	DAYTIME PHONE NUMBER
STREET ADDRESS	
CITY, STATE, ZIP	

SECTION C: PURPOSE, REQUIRED ACTIONS, TERMS & STUDENT SIGNATURE

This form is only to be used by students who are dependent for federal financial aid purposes when/if their parents refuse to complete a FAFSA. Approval of this request will **not** result in approval for any grants, scholarships, loans (other than Unsubsidized Federal Direct Stafford Loans) or employment that require completion of the FAFSA.

Required Actions

1. Submit the 2009-10 FAFSA online without your parent's information. You will receive an e-mail from the Department of Education explaining that your FAFSA was rejected due to not submitting your parent's information.
2. Attach to this form a **notarized** letter from your parent (or stepparent), detailing his/her refusal to complete the 2009-10 FAFSA. This statement must be signed and notarized by your parent (or stepparent).

Terms (Please initial each line indicating that you have read and understand these terms.)

- _____ I understand I will only be considered for an Unsubsidized Federal Direct Stafford Loan for the 2009-10 academic year up to the amount eligible according to my grade level (see students.asu.edu/student-loans/stafford-loan-limits for details).
- _____ I understand I will not be considered for grants, Subsidized Federal Direct Stafford Loans and Federal Work-Study for the 2009-10 academic year.
- _____ I understand that if I submit a correction to my 2009-10 FAFSA and include my parent's information I must contact Student Financial Assistance in order to continue processing .

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
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SECTION D: FOR OFFICE USE ONLY

DECISION OF REQUEST	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ASU FINANCIAL AID COUNSELOR SIGNATURE	DATE

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355
Fax (480) 965-9484

financialaid@asu.edu

Downtown Phoenix campus

411 N. Central Ave., Suite 166
Phoenix, AZ 85004-2120

University Center Building,
Suite 166

Phone (602) 496-3462
Fax (602) 496-0376

financialaid@asu.edu

Polytechnic campus

7107 E. Tiburon, #3
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041
Fax (480) 727-1630

financialaid.poly@asu.edu

West campus

PO Box 37100
Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178
Fax (602) 543-8108

financialaid.west@asu.edu