



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.