

2023-24 PARENT DECLINE TO PROVIDE INFORMATION

STUDENT INFORMATION	
Last Name:	First Name:
Student ID #:	Email:
To be eligible for aid under this provision, you must agree to al	Il of the following:
I understand that I will not be considered an independent stu	udent.
• I understand that I am not eligible for Federal grants, work st	udy (student employment), or a Direct Subsidized Loan.
• I understand that I am only eligible for a Direct Unsubsidized	Loan.
 I have completed a request for loans by submitting the Direct Certificate, Direct Loan Entrance Counseling, and Direct Loan 	t Loan Worksheet to Lower Columbia College (LCC), which includes the <u>iGrad</u> <u>Master Promissory Note</u> .
NOTE: Forms are available in the financial aid office and on the LCC website at	www.lowercolumbia.edu/finaid
Student Signature:	Date:
PARENT INFORMATION	
PARENT 1:	
Last Name:	First Name:
PARENT 2: (IF APPLICABLE) *	
Last Name:	First Name:
	ederal Student Aid (FAFSA) and/or refuse to provide my information dependent for tax purposes. I/We will not provide any cash or noned below. My/Our support of the student stopped on
/We understand that I/we will not be able to provide support a (FAFSA) for any future quarters.	nd will not fill out the Free Application for Federal Student Aid
Parent 1 Signature:	Date:
Parent 2 Signature:	Date:

*If parent is currently married, both parents must sign, including a stepparent.

Attach Optional Documents

