



# Radford

## UNIVERSITY

Financial Aid Office · P.O. Box 6905 · Radford, VA 24142  
Phone: (540) 831-5408 · Fax: (540) 831-5138 · [finaid@radford.edu](mailto:finaid@radford.edu)

### 2025-2026 STATEMENT OF PARENT REFUSAL TO COMPLETE FAFSA OR PROVIDE STUDENT SUPPORT

Federal law now allows parents (with documentation) to refuse to complete the FAFSA **OR** to refuse to support the student. These students remain dependent students, but may receive an unsubsidized Federal Direct Loan. Students may document this condition by completing this form and returning it to the Radford University Financial Aid Office. This form will not be accepted and reviewed unless all sections are completed.

Student's Name \_\_\_\_\_ RU ID Number \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

We (I) the parent(s) of this student confirm by signing this document the following:

☐ We (I) the parent(s) of this student confirm that we refuse to provide the income information and all requested sections on the FAFSA that apply to "Parent".

**OR**

☐ We (I) the parent(s) of this student confirm that we do not and will not provide any financial support to our (my) child.

The date that our (my) financial support to our child ended was \_\_\_\_\_.  
Month/Date/Year

**This Parent Refusal form requires handwritten signatures to be considered complete. Forms submitted with typed signatures will not be accepted and will require you to resubmit the form.**

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**If parent(s) refuse to sign this statement, but meet the criteria above, the student must provide documentation from a third party (teacher, counselor, cleric, court, etc.)**

☐ My parent(s) have refused to sign this form, my authority figure has signed below, and the required documentation is attached.

Authority Figure \_\_\_\_\_ Date \_\_\_\_\_

*Return this form to the Radford University Financial Aid Office at the address above.*