

BMCC Financial Aid Office 2411 NW Carden Ave Pendleton, OR 97801 Phone: 541-278-5779 Fax: 541-278-5889

Email: FinancialAid@bluecc.edu

## 2024-2025 PARENTAL REFUSAL TO PROVIDE INFORMATION AND SUPPORT

Professional Judgement

STUDENT NAME:	BMCC ID:
Aid (FAFSA), you do not provide any support on the them to forfeit opportunities for free grant aid or need leaving only the possibility of merit-based scholarship	information on their 2024-25 Free Application for Federal Student eir behalf, nor will do so in the future. Please know that this will cause d-based scholarships as well as Federal Direct Subsidized Loans, ips and the more expensive Federal Direct Unsubsidized Loan option. I Aid Office can determine whether your student will qualify for a ir information.
To be completed by Parent (whose information wo  1. Initial each statement:  I am the biological or legal adoptive parent  I refuse to provide my information on my  He/she does not and will not live with me  I do not and will not provide any financial auto, medical), in-kind support, payn	nt of the above listed student student's FAFSA. e. al support for him/her, including insurance coverage (ex.
2. Date you last provided any financial support	for your student:
Parent Name (print):	
Parent Address:Street or P.O. Box	City State Zip Code
Parent Signature: Must be signed in front of a	notary Date:
To be completed by Notary Public (Verification up	pon Oath or Affirmation)
State of, County of	
Signed and sworn to (or affirmed) before me on	, 20
Notary Public	
NOTE: If your parents refuse to sign and date this statement is not sufficient), such as a teacher, counsel	atement, you must get documentation from a third party (a student lor, cleric, or court.
Fin Approved Denied	nancial Aid Office Use Only
Signature of Director-Studies	ident Financial Assistance Date