



Financial Aid Office

6420 SE 15th St • Midwest City, OK 73110 • Student Services Building, Room 200
Phone: (405) 733-7424 • Fax: (405) 736-0359 • Email: finaid@rose.edu

2025-2026 Parental Certification of Refusal to Provide Information

****Please fill out in Blue or Black Ink only****

****Scanned or printed copies only, photos of completed forms will not be accepted****

PARENT: Complete Sections 1 and 2. Read each statement in Section 3. Enter the date you stopped supporting the student in Section 3. Upon receipt of the completed form, the dependent student may be awarded a Federal Direct Unsubsidized Loan, at the discretion of the Rose State College Financial Aid Office.

CERTIFICATION: The parent **must** sign the completed form in Section 4. By signing, you certify that you agree with each of the statements in Section 3.

SECTION 1: STUDENT INFORMATION

Last Name	First Name	MI
Student ID	Telephone Number	Cell Phone Number
Student Address	City, State	Zip Code

SECTION 2: PARENT INFORMATION

Last Name	First Name	Daytime Phone
Parent Address	City, State	Zip Code

SECTION 3: REQUIRED INFORMATION

Read statements one through four. Enter the date in statement three on which you stopped supporting the student. Incomplete forms will be returned without being processed.

- I understand that the dependent student will only be eligible for a Federal Direct Unsubsidized Loan and will not be considered for any other forms of federal, state, or institutional financial aid. I understand that the student will not be considered independent for financial aid purposes.
- I, the parent of the above student, refuse to complete the parental section of the FAFSA (Free Application for Federal Student Aid).
- I, the parent of the above student, have stopped providing financial support to the above student.
The date on which I stopped supporting the student: _____. **(Required)**
- I, the parent of the above student, will not provide any financial support in the future.

SECTION 4: Parent Certification

I certify that the above information is true and complete. I acknowledge and understand each of the statements in Section 3 of this form. By signing below, I further certify that I agree with each of the statements in Section 3.

Parent's Signature

Date

RSC Financial Aid Office Use Only

Reviewed By: _____ Date: _____