
Student's Last Name

First Name

LAPU ID#

You did not report parent information on your 2023-2024 FAFSA and indicated that you are only applying for a federal unsubsidized student loan. Please complete the following so we may continue to process your financial aid file.

Student Section: Do you wish to be considered for federal unsubsidized loans only?

Yes. I understand that I will not be eligible for any federal grants or subsidized loans programs. In addition, I understand that I will not be considered for any state or institutional funds.

No. I wish to be considered for other types of aid and will provide parental information on the FAFSA.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code

Student Signature

Date

Parent Section: This section is only to be completed by parents if the student selected "yes" to the above section.

Federal regulations give schools the authorization to allow a student to borrow an unsubsidized loan. In order to authorize an unsubsidized loan, the student must provide a signed and dated statement from one of the student's parents specifically stating that the parent(s):

- Have stopped providing financial support to the student named above as of the following date:
_____/_____/_____ (mm/dd/yyyy)
- Will not provide future financial support to the student name above.
- Refuse to complete the parental section of a FAFSA (Free Application for Federal Student Aid)

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Parent Printed First and Last Name

Parent Signature

Date

Submit completed form to sfs@lapu.edu
For questions, please contact Student Financial Services at (626) 624-4673