

Office of Student Financial Aid

2017-2018 Parent Refusal to Provide Information

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t(s) do not claim you live with your parer	u as a depender nt(s)		
live with your parer	nt(s)	it on their income taxes	
	any type or sup	port including items such as medical	insurance, auto insurance, food,
ay be required to pr	rovide evidence	of your situation. Please have your p	parent(s) sign and have notarized that
/ (da	ate when financ college related	ial support stopped). This includes costs.	all expenses and not just
certify that all infor	rmation reporte	d is complete and correct.	
D	Date	Parent Signature	Date
atures Notarized I	below.		
9	s) of the above nam	s) of the above named student, do// (date when finance current and future college related is) of the above named student, do have certify that all information reported Date atures Notarized below. knowledged before me this	s) of the above named student, do hereby state, that I/we have perma//(date when financial support stopped). This includes ocurrent and future college related costs. s) of the above named student, do hereby state, that we refuse to complete certify that all information reported is complete and correct. Date Parent Signature

To return this form:

Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg WV 25403

Fax: 304-260-4376

Email: finaid@blueridgectc.edu