



**Office of Financial Aid and Scholarships
Dependent Students Without Parental
 Support (Unsubsidized Loan Only) Form
 2024-2025**

Student Name:

NSHE ID:

SECTION 1: STUDENT STATEMENT AND CERTIFICATION

Student: You indicated on your Free Application for Federal Student Aid (FAFSA) that your parent(s) is unwilling to provide their information, and that you do not have unusual circumstances preventing you from contacting your parent(s) or obtaining their information. Therefore, the **ONLY** federal student aid you may be eligible to receive is a **Dependent Federal Direct Unsubsidized Loan**.

(If you feel like this is INCORRECT, please STOP AND EDIT your FAFSA to add parent information.)

By signing this worksheet, I certify that all the information on this form is complete and accurate and understand that this worksheet will not be processed if any section of this form is left blank. I further understand that purposely providing false or misleading information on this worksheet may result in being fined, jailed, or both. **Signing for someone else is FRAUD, even with their permission.**

Student Signature:

Date:

SECTION 2: PARENT STATEMENT AND CERTIFICATION

Parent: The Financial Aid & Scholarships Office at the University of Nevada, Reno has received notification from the U.S. Department of Education through the FAFSA your student completed, that you, the biological/adoptive parent, have refused to complete the parental section of the FAFSA. The FAFSA is used to determine a student's eligibility to receive Federal, State, and Institutional financial aid to assist the student with their educational expenses.

I, (print parent name), the biological/adoptive parent of the above named student am unwilling/refuse to provide financial information on the Free Application for Federal Student Aid (FAFSA). I understand that the **ONLY** aid my student may be eligible to receive is a **Dependent Federal Direct Unsubsidized Loan**.

By signing this worksheet, I certify that all the information on this form is complete and accurate and understand that this worksheet will not be processed if any section of this form is left blank. I further understand that purposely providing false or misleading information on this worksheet may result in being fined, jailed, or both. **Signing for someone else is FRAUD, even with their permission.**

Parent Signature:

Date:

For Office Use Only

Approved Evaluator:

Notes:

Denied Date:

Contact Information

Phone: (775) 784-4666

Email: finaid@unr.edu

Fax: (775) 784-1025

