

**Office of Student Financial Services****Location:** Wooster Hall, Rm 124**Phone:** (845) 257-3250**Fax:** (845) 257-3568**Unsubsidized Loan Request for Dependent Students Without Parental Data**

You have submitted a 2026-2027 FAFSA indicating that you are a dependent student for financial aid purposes but did not include parent information on your FAFSA. Without including parent information, you can only receive an unsubsidized loan if:

- Your parents no longer provide any support for the student; or
- Your parents refuse to file the FAFSA on the student's behalf

NOTE: Without parental information on the FAFSA, you will NOT be eligible to receive any federal grants, subsidized loans, need-based grants from SUNY New Paltz, or federal work-study awards.

**Student Section****Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_**Email Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I attest to the following:

- I have read and understand the statements above
- I have filed a 2026-2027 FAFSA
- I support myself and receive no financial support from my parents.

I understand that by not providing my parents' information on my FAFSA, my financial aid award may be less than it would otherwise be. I also understand that unsubsidized loans accrue interest from the time the unsubsidized loan is disbursed until it is paid in full. While I am still attending school at least

half-time, I can choose to pay the interest or allow the interest to be added to the principal amount of the loan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** if your parents are unwilling to sign this document, you may provide a statement from an official third party (i.e. a teacher, counselor, cleric, or court) that documents their refusal to complete the FAFSA and that they do not and will not support you financially.

## Parent Section

I attest to the following:

- I do not provide cash support, medical insurance coverage, or room and board for the student
- I will not provide financial support to the student
  - o Please list date any support ended: \_\_\_\_\_
- I refuse to complete the parent's section of the 2026-27 Free Application for Federal Student Aid (FAFSA).

## Parent 1 Information and signature

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, MI: \_\_\_\_\_

Parent 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent 2 Information and signature

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, MI: \_\_\_\_\_

Parent 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Signed and completed forms should be emailed to: [faodocuments@newpaltz.edu](mailto:faodocuments@newpaltz.edu) \*\*\*