

Student Financial Aid Office University of Louisville Louisville, KY 40292 (502) 852-5511 Phone · (502) 852-0182 Fax

## **Missing Parent Information Review**

Student Name:ID		D#:	_ Academic Year: <u>2022-2023</u>
You have indicated your parent(s) cannot and/or will not provide their financial information for completion of your Free Application for Federal Student Aid (FAFSA). Although the U.S. Department of Education allows a student of indicate a parent's refusal to provide this information, the student can only exercise this option if supporting documentation is submitted to substantiate this claim. This form is an initial request. Based on the information provided, additional information and documentation may be requested. Please read and sheck the box below which best states your intention regarding your FAFSA application.			
information and resubmit your FAFSA as soon as possible.			
☐ This is an error. □	will correct my FAFSA and p	rovide all required pa	rental information.
<ul> <li>My parent(s) refuse to complete my FAFSA and do not and will not provide any financial support to me.</li> <li>Please attach a <u>TYPED and SIGNED</u> personal statement that includes the following:         <ul> <li>a. Describe the contact you have with each parent; AND</li> <li>b. Explain why you cannot and/or will not provide parental information on your FAFSA.</li> </ul> </li> </ul>			
Please return your signed form and, if applicable, all requested documentation to the UofL Student Financial			
Aid Office using one of the options below:  This form must be printed then signed with a handwritten signature(s) before submitting.			
<b>ULink</b> Financial Aid Document Upload <sup>1</sup> :		account at <a href="https://ulinaridocument-uploa">https://ulinaridocument-uploa</a> lease visit	nk.louisville.edu/, open your ' <i>Tasks'</i> d' menu.
Mail/In Person:			Room 110, University of Louisville,
Fax Number:	502.852.0182		
<ul> <li>1DO NOT E-MAIL this form or attachments; the options above are the only permissible way to securely submit documents to the UofL Student Financial Aid Office.</li> <li>DO NOT submit this form or attachments to any other office.</li> </ul>			
I certify that all the information submitted as part of this request is complete and correct. I understand that if I purposely give false or misleading information on this form I may be fined up to \$20,000, sent to prison, or both. I understand that based on the information provided, additional information and documentation may be requested.			
Student Signature:		Date:	Phone Number: