



## UofL Student Financial Aid Office Additional Information/Documentation Request

*Please do not submit this page with your parent killed in line of duty form. It is a resource for you to keep.*

On your Free Application for Federal Student Aid (FAFSA) you selected that your parent or guardian was killed in the line of duty. To confirm this information, our office is requesting that you print, complete, and return the attached “Parent Killed in Line of Duty” form with a **handwritten signature** and supporting documentation. Forms submitted without the requested documentation and signatures are incomplete and cannot be processed.

After reviewing your form and documentation, our office may request additional information or documentation, request that you make corrections to your FAFSA, or make corrections to your FAFSA<sup>1</sup>. Make sure to monitor your UofL e-mail account and Tasks list for additional information about the status of your account. Please note there may be a hold placed on your account until all information is verified. Processing is completed when you no longer see “Parent Killed in Line of Duty” in your ULink Task Tile.

The checklist status in your ULink Task Tile will change throughout the process. Descriptions of each status are provided below:	
<b>Initiated:</b>	Your form has been assigned but not yet received by our office.
<b>Accepted:</b>	An item has been received but not reviewed.
<b>Active:</b>	<b>Additional information is needed:</b> Review your ULink Task Tile and your UofL e-mail.
<b>Received:</b>	Your form is being reviewed. Monitor your ULink Task Tile and your UofL e-mail.
<b>In Progress:</b>	Your form is being processed.

If you have any questions, or need additional information, please contact our office at (502) 852-5511. You may submit the completed form to our office via fax, mail, document upload, or in-person.

**Do not submit this form or any requested documentation by e-mail.**

**Please return your signed form and, if applicable, all requested documentation to the UofL Student Financial Aid Office using one of the options below:**

The attached form must be printed then signed with a handwritten signature(s) before submitting.

<b>ULink Financial Aid Document Upload<sup>2</sup>:</b>	Log into your student <b>ULink</b> account at <a href="https://ulink.louisville.edu/">https://ulink.louisville.edu/</a> , open your ‘Tasks’ tile and select the ‘ <i>Financial Aid Document Upload</i> ’ menu.  For additional information, please visit <a href="https://louisville.edu/financialaid/tools-resources/financial-aid-ulink-tutorials/financial-aid-document-upload">https://louisville.edu/financialaid/tools-resources/financial-aid-ulink-tutorials/financial-aid-document-upload</a> .
<b>Mail/In Person:</b>	Student Financial Aid Office, Houchens Building Room 110, University of Louisville, Louisville, KY 40292
<b>Fax Number:</b>	502.852.0182

**<sup>2</sup>DO NOT E-MAIL this form or attachments;** the options above are the only permissible way to securely submit financial aid documents electronically. Do not submit this form or attachments to any other office.

<sup>1</sup>Federal law requires the resolution of any potentially conflicting information. We may make a correction to your FAFSA, which may result in a change to your eligibility for federal student aid.

**PARENT KILLED IN LINE OF DUTY CERTIFICATION**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Academic Period of Enrollment**

Fall 2024, Spring 2025, Summer 2025  Fall 2025, Spring 2026, Summer 2026  Other: \_\_\_\_\_

You reported you have a parent or guardian was killed in the line of duty on your Free Application for Federal Student Aid (FAFSA). Please complete, sign, date, and return this form, along with supporting documentation to one of the options indicated on the first page. **Do not e-mail.**

**Was the student’s parent or guardian killed in the line of duty while (1) serving on active duty as a member of the U.S. armed forces on or after September 11, 2001, or (2) performing official duties as a public safety officer?**

**Yes**, my parent or guardian has been killed in the line of duty as a public safety officer, listed below, and I have attached one of the acceptable documents listed below:

- U.S. Armed Forces
- Law Enforcement Officer
- Firefighter
- Member of a rescue squad or ambulance crew
- Federal Emergency Management Agency (FEMA) employee
- Emergency management or civil defense agency employee
- Chaplain
- Others defined in Section 1204 of the *Omnibus Crime Control and Safe Streets Act of 1968*

**No**, I made a mistake.

Please to log into your 2024-2025 and/or 2025-2026 FAFSA and correct question 16 to “No”

Indicate the date you submitted the FAFSA correction here: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Acceptable Documentation:**

- Service member’s DD 214
- Service Member’s DD 1300 and death certificate
- Department of Veterans Affairs Death Narrative Document
- Determination Letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice
- Written letter from a state or local government official with supervisory or other relevant authority of an individual who died in the line of duty while serving as a public safety officer.
- \*\*Documentation of the student qualifying for state tuition or other state benefits
- \*\*Documentation determined by the school, please reach out to our office for questions.

By signing this form, you certify that all of the information you provided on the form and any submitted documentation is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposefully give false or misleading information you may be subject to criminal penalties under 20 U.S.C. 1097, which may include a fine up to \$20,000, imprisonment, or both.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Signatures must be handwritten. Typed/font signatures will not be accepted.**

**Office Use Only**

ISIR Trans: \_\_\_\_\_

Chkst: PKLD \_\_\_\_\_ Date: \_\_\_\_\_ Init: \_\_\_\_\_

Updated FPP Value

Valid Paperwork