

THE UNIVERSITY OF OKLAHOMA
STUDENT FINANCIAL CENTER
1000 Asp Avenue, Room 105
Norman, Oklahoma 73019-4078
Phone (405) 325-9000 Fax (405) 325-7608
ou.edu/sfc

**2025-26 Documentation of Parental Refusal to File a FAFSA
And Student Request for Federal Unsubsidized Direct Loan**

Student Name: _____ Daytime phone #: _____

Last 4 of SSN: _____ Sooner ID #: _____

Unsubsidized Federal Direct loans may be offered to students whose parents do not support them and also refuse to complete a FAFSA. The purpose of this form is to document the student's situation and obtain confirmation from the parents that they do not support the student and refuse to provide parental information on the FAFSA that was or will be filed by the student.



Completion of this form does not make a student" independent" for financial aid purposes. If your parents refuse to complete THIS FORM as well as the FAFSA, contact our office. If you have corrected your FAFSA to include parental information, contact the Student Financial Center.

SECTION ONE: STUDENT INFORMATION

Please list the address(es) where you have lived since January 1, 2024, to the present and the date(s) of your residence at the location(s).

Please list in Part A. the average monthly amount in resources you receive from all sources and in Part B the average monthly amount of your living expenses in the categories below.

A. RESOURCES: Include ALL sources of support such as earned income from work; cash assistance from relatives or friends; public assistance including housing; in-kind support; insurance settlements; savings, etc.

Source _____ \$ _____ /month

Source _____ \$ _____ /month

Source _____ \$ _____ /month

Source _____ \$ _____ /month

Source _____ \$ _____ /month

TOTAL: \$ _____ /month

B. EXPENSES: Do not leave any item blank. Use zero if applicable.

Housing: Check if Rent _____ or Mortgage _____ \$ _____ /month

Utilities: Electricity, gas, water, phone, cable
TV, internet service, cell phone, etc. \$ _____ /month

Food: \$ _____ /month

Car payment(s), fuel, maintenance, auto insurance: \$ _____ /month

Healthcare: Insurance, doctor bills, dental care,
vision care, etc. \$ _____ /month

TOTAL: \$ _____ /month

C. SUMMARY:

1. Is the total amount of expenses GREATER than the total amount of resources?

_____ Yes _____ No

If the answer is Yes, please explain:

Attach additional sheets if more space is needed.

2. Is the answer to any item in Section B zero?

_____ Yes _____ No

If the answer is Yes, please explain:

Attach additional sheets if more space is needed.

I certify that all information provided is correct and accurate to the best of my knowledge and that I request a Federal Unsubsidized Direct Loan.

_____ Student Signature _____ Date

SECTION TWO: PARENTAL INFORMATION

By signing this form, I (we) certify that:

- we stopped providing financial support to _____ on _____
Student's name Date Support Ended
- will not provide financial support in the future; and
- we refuse to complete the parental section of the Free Application for Federal Student Aid (FAFSA).

Parent 1 Signature _____ Date _____ Parent 2 Signature _____ Date _____

Parent daytime phone number: _____ Parent daytime phone number: _____

Return this form to: The Student Financial Center / 1000 Asp Ave., Room 105 Buchanan Hall / Norman, OK 73019-4078 or submit to the SFC Dropbox located in One.ou.edu. Please do not submit by email.