

**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

**2026-27 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, 2025, to the present and the date(s) of your residence at the location(s).

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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:**

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**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:**

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**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.**