**Dependent Student with No Parental Data (DEPSPC)**

First Name: Last Name: Student ID:

Primary Phone Number: Email Address:

Federal regulations give schools the authority to allow a student to borrow a Federal Direct Unsubsidized Loan when the **student’s parent(s)** has/have ended all financial support and has/have refused to complete and sign a Free Application for Federal Student Aid (FAFSA).

On your FAFSA, you answered “**no**” to all of the questions regarding your dependency status; however, you did indicate that you have special circumstances and are unable to provide parental data. The following statements must all pertain to you in order for us to process this form.

Please check all the reason(s) below that apply:

[ ] Your parents do not want to provide their information on your FAFSA.

[ ] Your parents refuse to contribute to your college expenses.

[ ] Your parents do not claim you as a dependent on their income taxes.

[ ] You do not live with your parents.

[ ] Your parents do not give you any type of support including items such as medical insurance,

auto insurance, or cash.

**As noted in your FAFSA, you may be required to provide evidence of your situation indicated above.**

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature: Date:

**Please have your parent(s) sign & have notarized that both the following conditions exist:**

* I/we as parent(s) of the above named student, do hereby state that we have permanently ended all financial support. This includes all expenses and not just those related to current and future college-related costs.

Date that I/we last provided any type of support:

* I/we as parent(s) of the above named student, do hereby state that we refuse to complete the Free Application for Federal Student Aid (FAFSA).

**Signature(s) of Parent(s) continued from Page 1:**

By signing this document, I certify that all the information reported in this document is complete and correct.

Parent Printed Name:

Parent Signature: Date:

Parent Printed Name:

Parent Signature: Date:

 **WARNING: If you purposefully enter false or misleading information on this document, you may be fined, be sentenced to jail, or both.**

**For notarization:** Notary Seal

Notary’s Official Signature:

Commission Expiration:

**Notice to Notary:** Pursuant to the Colorado Secretary of State, (if applicable) please place both names (listed above) in your notary journal.