

Financial Aid Office • 5100 Sierra College Blvd. • Rocklin CA 95677 • (916) 660-7310

Parent FAFSA Refusal Certification Letter 2025-2026

Student Last Name

First Name

M.I.

Student ID Number

Date of Birth

Phone Number (include area code)

A dependent student whose parent(s) has ended financial support or have refused to provide the necessary information required to complete the FAFSA may be eligible to receive Unsubsidized Stafford Loans to assist in funding their education. The Financial Aid Department will make this determination based on the documentation submitted and this request will be approved only in certain circumstances. The decision of the Financial Aid Department is final and may not be appealed to the U.S. Department of Education. Please complete this form, include the supporting documentation and return to the Sierra College Financial Aid department in person.

Parent Last Name

First Name

section of the FAFSA.

M.I.

Section B

Parent(s) refuse to complete the parental

Please read carefully and clearly mark *EITHER* Section A or B, depending on your situation.

Section A (All statements must be true)

____ Student is not included on parent insurance policy.

Acknowledgement and Signature:

I hereby certify that all the information on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, or withdrawal, and/or repayment of financial aid, and may subject the filers to a fine or imprisonment or both, under the provisions of the United States Criminal Code.

Student Signature

Date

Parent Signature

Date