2021-22 Noncustodial PROFILE Waiver Request

STUDENT INFORMATION

Student Name	ame ID or SSN			
Student Name ID 01 33N				
Permanent Address	street			
	city	state	zip	
E-mail		Phone		
NONCUSTODIA	L PARENT INFORMATION			
Name	Phone			
Permanent Address				
	street			
	city	state	zip	
E-mail	Employ	yer		
Status of student's biological/adoptive parents: ☐ Divorced/Separated ☐ Never married to each other				
If divorced or s	eparated, indicate year of divorce	separation:	·	
Has noncustodial parent ever claimed student as a dependent on a federal tax return? ☐ Yes ☐ No				
If "Yes," indicate most recent year claimed:				
FREQUENCY OF CONTACT				
Are there any legal orders that limit the noncustodial parent's contact with the student? \square Yes \square No				
If "Yes," please attach documentation (i.e. restraining order, police report, divorce decree, etc.)				
On how many occasions has the student had contact with him/her during the past 12 months?				
What was the date of the most recent contact?				
Please explain the purpose of the contact and whether it was in person, by phone, or other:				
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CHILD SUPPORT INFORMATION

Did the noncustodial parent provide child support in 2019? ☐ Yes ☐ No			
If "Yes," indicate the total amount he/she paid for student: \$			
If there are other children, indicate total paid for all children: \$			
If "No," indicate the last year that he/she paid any child support:			
REQUIRED DOCUMENTATION			
Personal Statement: Attach a separate page explaining exactly why it is impossible for you to provide the Noncustodial PROFILE. Include a description of the history and current status of your relationship with your noncustodial parent, the history and frequency of any contact you have had with that parent, and a history of any financial support provided for you by that parent. Use multiple sheets of paper if necessary.			
Third Party Support: Attach supporting documentation, such as legal/court documents or a letter from an attorney, member of the clergy, therapist, teacher, guidance counselor, or other non-family member who is familiar with your circumstances and in a position to confirm your explanation of the situation. Be sure that the person writing on your behalf includes his/her name, address, phone number, and relationship to you (the student).			
Waiver requests submitted without supporting documentation and/or third party corroboration will be reviewed, but are unlikely to be approved. If you are unable to provide third-party documentation and would like to discuss your circumstances, please contact our office.			
CERTIFICATION			
I certify that the information provided on this form is true and complete to the best of my knowledge.			
Student Signature Date			
Custodial Parent Signature Date			
Office Use Only			
Date: Aid Officer Initials:			
Approved: □ Yes □ No			
Comments:			
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