HLGU

Hannibal-LaGrange University

Financial Aid Office
2800 Palmyra Road
Hannibal, MO 63401
Phone: (573) 629-3279
Fax: (573) 248-0954
Email: financialaid@hlg.edu

2026-2027 Declaration of Non-Support

Student Name (First, Last):
Student ID:
Address:
Email Address:
Phone Number:

Dear Parent(s):

Your child has informed us that you have decided not to complete the Parental Information section of the 2026-2027 Free Application for Federal Student Aid (FAFSA). Your decision will prevent your child's access to grants, scholarships, low interest student loans and the federal work-study program.

Before signing this form, please consider the following:

- Providing your information on the FAFSA does not obligate you to take a loan out on your child's behalf or pay their bill.
- Your financial information along with your child's financial information is only used to determine their eligibility for student aid.
- Student aid, which includes student loans, are borrowed and repaid by your child. A co-signer/co-borrower is not required.
- The confidentiality of financial aid records is protected by the Family Education Rights and Privacy Act (FERPA). We will not disclose information submitted by a parent to the student (or the parent's ex-spouse).

Before the Financial Aid Office can make the determination to award a dependent student an Unsubsidized Stafford Loan without parental information on the FAFSA, we must verify that the parent(s) ended Financial Support of the student and refuse to complete the parental information section of FAFSA.

What is Financial Support: Financial support includes payment by the parent of educational costs, but also providing other cash and non-cash support to the student such as room and /or board, medical and dental insurance, paying bills on the student's behalf (such as credit card payments, cell phone, car payments), providing cash, food, shelter, clothing and transportation. In addition, the parent(s) cannot receive any benefits on behalf of the student such as welfare or social security benefits.

I (We) _____ _____
Father/Stepfather (print name) Mother/Stepmother (print name)

the parent(s) of the student listed above, declare that I (we) have ceased providing financial support as of _____ (list the date when financial support stopped).

In addition, I (we) declare that I (we)

- Will not provide financial support in the future,
- Will not provide medical and dental insurance coverage in the future,
- Will not apply for a Federal PLUS Loan on the student's behalf,
- Refuse to complete the parent section of the student's FAFSA.

_____ _____
Father/Stepfather Signature Mother/Stepmother Signature

_____ _____
Phone Number Phone Number

_____
Address (City, State ZIP)