

R

Student Rocket Number

Student Last Name

Student First Name



**2025-26 UNUSUAL CIRCUMSTANCE  
REFUSAL OF SUPPORT CERTIFICATION  
(Apply for Unsubsidized Loan Only)**

COMPLETE WITH  
BLACK INK ONLY

You indicated on your 2025-26 FAFSA that you cannot provide parent information on your FAFSA and are requesting an Unsubsidized Loan Only. To qualify for this Unsubsidized Loan, please complete the following questions. Parent Certification and signature is also required. If you did not intend to Apply for an Unsubsidized Loan Only, and want to be considered for all aid, you will need to correct your FAFSA and invite parent to complete parent data and sign your FAFSA.

WHO WOULD YOUR FAFSA PARENT(S) BE?

Step 1: Is your parent widowed or never married (not living with your other parent)?

No (Go to Step 2)

Yes Full legal name of Parent: \_\_\_\_\_ (Skip to Signature Certifications)

Step 2: Are your parents married to each other or unmarried and living together?

No (Go to Step 3)

Yes Full legal name of Parent: \_\_\_\_\_

Full legal name of Other Parent: \_\_\_\_\_ (Skip to Signature Certifications)

Step 3: Are your parents separated or divorced?

Yes Name of Parent who provided you with the most financial support on the date you filed your FAFSA (or if both parents provided an exact equal amount of your financial support, or if neither parent supports you financially, name of parent with the greater income and/or assets as of the date you filed your FAFSA): \_\_\_\_\_

PARENT CERTIFICATION:

As parent(s) named above, I/WE certify the following (check one or both boxes, as appropriate):

I/WE do not and will not provide financial support, room and board, medical/auto insurance, or other means of financial support of student named above. My financial support of student ended on: \_\_\_\_\_ (date)

I/WE refuse to complete the parental information on this student's 2025-26 FAFSA.

**YOU MUST ALSO COMPLETE PAGE 2.**

R \_\_\_\_\_  
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**HANDWRITTEN SIGNATURES AND DATES ARE REQUIRED BELOW.**

**ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE.**

**Certification Statement:** By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Signature (using full legal name)                      Date

\_\_\_\_\_  
Signature of Parent Named Above (using full legal name)                      Date

**THIRD-PARTY CERTIFICATION:** If student is unable to obtain parent certification on this form, attach a signed statement from a third-party (such as counselor/therapist, teacher, attorney, doctor, caseworker, minister, or relative other than parent) explaining why parent information and certification cannot be obtained and (if applicable) date parent(s) ceased financial support of student. Third-party must be personally familiar with your family situation. Statement must include printed name, title of individual (if applicable) and must include a handwritten signature and date.

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ OSFA Signature	_____ Date
<b>How was the student contacted regarding the results of the determination:</b>	
<input type="checkbox"/> By email to Rocket ID (Retain a copy for OSFA)	
<input type="checkbox"/> Student was notified in person on:	_____ Date
<input type="checkbox"/> Student was called on:	_____

**TO RETURN THIS FORM:**  
Upload to: myUT.utoledo.edu  
"My Financial Aid"  
In person: Rocket Solution Central  
1200 Rocket Hall  
Mail to: The University of Toledo  
Office of Student Financial Aid  
2801 W. Bancroft Street,  
Mail Stop 314  
Toledo, OH 43606-3390  
Fax to: 419.530.5835