



**MONTANA STATE UNIVERSITY  
NORTHERN**

**Financial Aid Office**  
**PO Box 7751 ~ Havre, MT 59501**  
**Tel: (406) 265-3787 Fax: 406-265-3519**  
**Email: [finaid@msun.edu](mailto:finaid@msun.edu)**

## **2026-2027 FAFSA Filed Without Parent Financial Information**

Student Name \_\_\_\_\_ SSN/Banner I.D. # (Last Four Only) \_\_\_\_\_

I hereby affirm that the above student is my dependent and I am not willing to provide any financial information for the FAFSA, or supporting the student financially. I understand that the above student will only qualify for unsubsidized loans if parental information is not provided.

Financial support ended on this date: \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name