



Financial Aid Office
PO Box 7751 ~ Havre, MT 59501
Tel: (406) 265-3787 Fax: 406-265-3519
Email: 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