

Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

finaid@sonoma.edu sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

2023-24 No Parental Support Confirmation Form

Student Name			SSU I.D).
nstructions to S	Studen	ıt:		
Student Aid (FAFS effect from the pare	SA) or to ent(s) we is corre	o provide required documentation whose financial information would ect and will be used to determine	I. If this is correct, you must be required on the FAFSA	te the Free Application for Federal provide a signed statement to that. This will help us determine whether Direct Unsubsidized Loan eligibility
Please have your possible.	arents c	complete this form, sign the certifi	cation below, and return to	the Financial Aid Office as soon as
	1.	Are you and/or your spouse providing financial support to the student listed on this form? Yes No		
		If you answer no, please provid you stopped providing financia		
	2.	Will you and/or your spouse pr financial support to the student		□ No
	3.	Are you <i>and</i> your spouse willing FAFSA <i>and</i> provide all require	-	es 🗌 No
nay gain eligibility	for gra	's eligibility for financial aid may ants, subsidized loans, and other p ur office at (707) 664-2389 or by	orograms. If you need assista	
	ng this	form certifies that all the informationly one signature is required.	tion reported on it is comple	ete and correct. Signatures of both
Parent 1 Name (please print)		Parent 1 Signature	Date	Phone number
Parent 2 Name (please print)		int) Parent 2 Signature		Phone number