Based on the results of your Free Application for Federal Student Aid (FAFSA), you did not report information about your parent(s). You indicated that your parent(s) are not financially supporting you, nor will be supporting you financially in the future.

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Palm Beach State College Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Day phone ( )  Evening phone ( )  College Email Address @my.palmbeachstate.edu

If ALL of the following apply, please complete this form:

- You have contact (regardless of how much) with your parent(s) but do not live with them.
- You do not receive ANY support from your parent(s); this includes insurance coverage, auto payments or support of any kind.
- Your parent(s) have refused to complete the parent portion of the 2015-2016 FAFSA.

Your parent(s) are required to complete the Parent Certification below:

Parent Certification

<table>
<thead>
<tr>
<th>Father/Stepfather Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Stepmother Name:</td>
</tr>
</tbody>
</table>

(All boxes must be checked by parent(s) before form is processed)

- I certify that my child does not live with me.
- I refuse to complete the parent portion of the 2015-2016 FAFSA.
- I understand that by completing this form I cannot apply for a Federal PLUS Loan.
- I certify that I do not provide any support to my child.
- Date support stopped ________________________.

Notice: Students completing this form are ONLY eligible for the Federal Direct Unsubsidized Loan at the dependent student loan limit. Students completing this form are not eligible for any need-based aid, including federal, state or institutional funds.

CERTIFICATION STATEMENT AND SIGNATURE

By signing below, I certify that the information provided is true and accurate. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I agree to provide additional proof of information provided on this form.

Student's signature ____________________________ Date ____________________________

Mother/Stepmother signature ____________________________ Date ____________________________

Father/Stepfather signature ____________________________ Date ____________________________

Commission expires: ____________________________

Notary Signature (seal or stamp required) ____________________________ Date ____________________________

6/4/2015