

**University of Massachusetts Medical School  
Request to Waive Non-custodial Parent Information**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**INSTRUCTIONS:**

UMMS requires financial information from both natural parents to determine a student's eligibility for institutional financial aid. This form is only to be submitted if you cannot obtain your CSS Noncustodial Parent Financial Aid PROFILE. Once the Office of Financial Aid reviews the submitted request, we will notify the student in writing.

Based on the information provided in the Petition, we may require additional documentation, such as a written statement from a third party. Typically, these letters come from counselors, ministers and other professionals close to a student's situation.

If you have any questions, please contact our office at 508-856-2265 or [financialaid@umassmed.edu](mailto:financialaid@umassmed.edu)

The completed Noncustodial Parent Waiver Petition and all applicable supporting documentation should be submitted to:

University of MA Medical School  
Office of Financial Aid S1-844  
55 Lake Ave. North  
Worcester, MA 01655  
FAX: 508-856-1899  
EMAIL: [financialaid@umassmed.edu](mailto:financialaid@umassmed.edu)

**NON-CUSTODIAL PARENT INFORMATION:**

Non-custodial Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status of your natural parents: Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

If separated/divorced, indicate date of Separation date: \_\_\_\_\_ Divorce date: \_\_\_\_\_

Has your non-custodial parent ever claimed you as a dependent on a federal tax return? YES NO

If yes, indicate the most recent tax year that this occurred: \_\_\_\_\_

Did your non-custodial parent pay child support in the past year? YES NO

If yes, indicate the total amount he/she paid for you: \_\_\_\_\_

If no, indicate the last year he/she paid child support: \_\_\_\_\_

Did your non-custodial parent pay child support for other children in your household? YES NO

Have you had contact with your non-custodial parent in the past year? YES NO

If yes, how many times were you in contact? \_\_\_\_\_

What was the nature of contact (i.e. visit, phone call, email, etc.)? \_\_\_\_\_

If no, indicate the date of your last contact with him/her? \_\_\_\_\_

Are there legal orders that limit your non-custodial parent's contact with you? YES NO

If yes, please attach documentation (i.e. restraining order, police report or divorce decree).

**\*\*\*REQUIRED\*\*\* ADDITIONAL INFORMATION**

Please provide an explanation of your circumstances that will help us to better understand why you believe it would be appropriate for us to waive any financial information or contribution from your noncustodial parent. Be sure to provide as much detail as possible and attach additional pages as necessary. You should also attach any applicable documentation to substantiate or expand upon your situation. Examples of relevant documentation include court orders, divorce decree limiting contact and/or documents showing garnished wages.

**CERTIFICATION:**

The information provided on this form is accurate and complete to the best of our knowledge. We agree to notify Office of Financial Aid if our information about our situation with the non-custodial parent changes.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: : \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Request review date: \_\_\_\_\_

Reviewed by:

Request: approved / denied

**NOTES:**