

**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 by mail.

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

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

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 _____ Divorce _____

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:

Review Date: _____ **Approved** **Denied**

FAA Signature: _____